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EDITORIAL COMMENT



THE CONVENTION AT PORTLAND

THE meetings of the Convention of Charities at Portland, Ore., were carried out according to the programmes previously announced, the opening sermon being preached on Sunday evening, July 16, the order of exercises during the week being section meeting at nine in the mornings, with general sessions at ten every day and at eight in the evenings.

Every afternoon some entertainment was provided, or the guests were left free to visit the Fair or points of interest about the city.

The visiting nurses held three meetings, two section meetings and one general session having been scheduled. At the section meetings Miss Fulmer, of Chicago, presided over one, Miss Johnston, of Cleveland, the other, and at the general session, which closed the exercises of the convention, Miss Hitchcock, of New York, occupied the chair.

The papers read were exceptionally fine in character. They were all practical and definite, with that dignity, clearness, and simplicity of expression which is characteristic of the trained worker. The idea that developed and took definite form during the meetings, as brought out in the papers and in the discussions, in which charity workers as well as nurses took part, was that the district or visiting nurse must be something more than a paid employé of a charity organization to go into the home to care for the sick; that she must embody with her definite nursing work the knowledge and experience of a trained social worker, coöperating with all of the various agencies in the field for the betterment of the condition of the poor, and that for this broader work she must have special preparation.

Much of the discussion was with reference to the facilities now available for the nurse to acquire this special knowledge, and whether

or not instruction along these lines should be included in the curriculum of training-schools or be post-graduate in character and a specialty. Courses in the schools of philanthropy of New York, Boston, and Chicago were advocated when possible, but the question of the advisability of attempting to teach district nursing during hospital training was left an open question, very much in the same manner that the subject was dealt with at the nurses' convention in Washington. There is much to be said on both sides, but as yet the experiments are too few to judge of results.

The meetings of the Visiting Nursing Section were not largely attended by the nurses of Portland, probably owing to the fact that the programme had not been laid before them early enough for them to arrange to be present, and it was somewhat unfortunate that the subject was presented at the general session at the closing meeting of the convention, when many members had already left for home and there was practically no time for discussion, but to those who attended the occasion, taken as a whole, was most interesting and instructive.

There were so many section meetings being held at the same hour, on so many different and absorbing subjects, many of which were in direct relation to the care of the sick, that one was conscious while listening to one set of speakers of losing an equally interesting meeting in the next room, from which murmurings and applause could be faintly heard.

This arrangement of section meetings, while it has many advantages, seems to us wonderfully like being seated before a temptingly spread table and being allowed to partake of food from one dish only.

The charming hospitality of the Portland people was a feature of the convention long to be remembered. The Lewis and Clarke Exposition had a strong rival in the beautiful city with its wealth of flowers and background of stately pines, with the majestic snow-capped mountains towering in the distance. The trip up the Columbia must be taken to be appreciated, and to the visitors who had crossed from the Atlantic to the Pacific Slope seemed to combine all the glories of water and mountains that one had passed on the way.

The nurses were the guests for an afternoon of the Oregon State Nurses' Association, the occasion being a picnic at Vancouver Barracks. The trip was made by boat up the Willamette River to the junction of the Columbia, where the party landed and enjoyed a most charming walk into the woods and a delightful collation under the superb trees before returning by trolley to the city. It is from this point, at the junction of the rivers, that one gets the most commanding view of the snow-capped mountains—Hood, St. Helen's, Adams, and Rainier—

towering like sentinels above the horizon. During the week the nurses received many courtesies, among them being a delightful tally-ho ride about the city, when they were the guests of Miss Hardy, the superintendent of Dr. Coffey's private hospital and a graduate of the Pennsylvania Hospital, Philadelphia.

Beautiful grounds are a feature of all hospitals in Portland; towering trees, shrubs, and flowers seem to be considered necessary for the recovery of the patients.

Tea with Miss Laverage, the superintendent of the Good Samaritan Hospital, served in a tiny grove of forest trees still standing in the hospital grounds, was one of the informal social occasions which we shall have to remember.

The Samaritan is the large general hospital of the city, an old wooden building now being gradually replaced by a modern brick structure. The other general hospital, St. Vincent's, we were unable to visit. The situation is most commanding and attractive.

THE MEETING IN CALIFORNIA

KNOWING that a number of nurses from the East were to attend the Conference of Charities in Portland, the California nurses postponed their second annual State meeting until August 1 and 2, when some of the Portland party were to be in San Francisco.

Miss Hitchcock and Miss Rogers, of New York, Miss Dart and Miss Cole, of Boston, and the Editor were the favored guests and were royally entertained by the California members. The Editor found herself established in a charming suite of rooms at the Hotel St. Francis, the new hotel of which San Francisco is so proud, where as the guest of the *Nurses' Journal of the Pacific Coast* she enjoyed every comfort that heart could wish.

This visit to San Francisco, after an interval of twenty-six years, has been one of peculiar interest to the Editor, who as a young nurse newly graduated spent two years on the Pacific Coast before nurses were being trained in Western hospitals and before any other nurse from the East had ventured to cross the Rockies. Upon her return she was met by a host of friends and was welcomed back to her old hunting-grounds with a warmth and cordiality most inspiring. It was hard for her to realize that within her own active life such wonderful developments and transformations could take place in any one section of the country.

The meetings of the California State Nurses' Association, lasting two days, included a most interesting programme, which had been pre-

pared with great and painstaking care. First, a morning session of the usual formal exercises opened the meetings, then followed papers and discussions; the afternoon and evening were devoted to the routine business of the society, during which time the constitution and by-laws were formally adopted and the decision was made to raise the dues of membership to include the subscription to the *Nurses' Journal of the Pacific Coast*—a step so wise that we are almost envious of the progressive spirit of the West.

The second day's programme was quite original in its scope: First, a clinic was given by Dr. W. J. Terry with Miss F. M. Holsclaw and her nurses of the Waldeck Hospital to demonstrate the aseptic technique of a modern operating-room. Dr. Terry first gave an interesting talk on the whole broad subject of the operating-room technique as it relates to the work of the nurse, and Miss Holsclaw explained some of the special processes—like the preparation of catgut, for instance. When all was ready the operation of amputation of the thigh was performed, each step being explained with special reference to the asepsis by Dr. Terry or Miss Holsclaw. More than five hundred nurses filled the amphitheatre to overflowing.

As this demonstration was given in the Lane Hospital and Miss Holsclaw and her nurses were from the Waldeck Hospital, their work was doubly commendable from the fact that it was done in unfamiliar surroundings. The technique was most perfect and the demonstration exceedingly instructive, especially to nurses who had been out of hospital practice for a long time.

In the afternoon a series of demonstrations were given by the pupils of the different training-schools in San Francisco and Oakland. We regret that we cannot give space to a full description of this session, but would refer those who are looking for practical suggestions for programmes on this order to the September issue of the *Pacific Journal*, which gives the report in detail.

Another interesting feature of these meetings was an exhibit prepared most carefully and open during the two days of the meeting in an adjoining room, where instruments and appliances were exhibited by local and other firms of such character as were of special interest to the nursing profession. Special articles of food, clothing, instruments, and appliances were introduced in this exhibit and such were most attractively arranged.

The crowning event of the meetings was a dinner at the Hotel St. Francis, at which about two hundred nurses were present, and upon which occasion the nurses from the East already mentioned were the guests of honor.

Dr. Helen Criswell was the toastmistress. This was without exception the most beautiful dinner we have ever attended. The banquet hall of the St. Francis is most artistic, the decorations of crimson, gold, and white making a beautiful background for the tables, which were decorated with a most beautiful variety of crimson roses.

There were some exceedingly able speeches made at this dinner by the California members, and the Editor had it borne in upon her in reviewing the meetings as a whole that the East must look sharply to its laurels if it expects to keep the leadership in nursing affairs.

The social events of the week, at which Miss Hitchcock and the Editor were the special guests, the other Eastern nurses having left the city, were many and interesting. The reception at the Children's Hospital, lunch at the Waldeck, and the evening with the Alameda County nurses at the Fabiola Nurses' Home in Oakland were among the more formal of these occasions, while courtesies of a more personal character were simply showered upon the guests.

In her travels on the Pacific Coast the Editor has been more than gratified to find the JOURNAL a household word among nurses, and their expressions of appreciation of what its publishers are endeavoring to do for the profession has been one of the very satisfactory features of a delightful summer.

There is no East or West any longer in nursing. We are one great profession which recognizes no boundaries. While it is true that the foundation of our organized life was laid in the East, the West has builded so securely upon it that no one can recognize a dividing line, and all carry forward the work together.

"THE TRIUMPH OF REASON"

THE campaign of the organized English nurses for State registration, now suspended during the summer vacation, has been dramatic beyond any similar experience of nurses in its succession of exciting events. While the leaders rest for a short month, they may well survey with satisfaction the progress made, and American nurses, who have only in the past few years come to follow with personal interest the English nursing affairs, may be reminded that the present acute crisis in England is but the culmination of a long-continued struggle, and that the registration question began in England in 1887, before any American organizations existed, when Mrs. Bedford Fenwick, with a group of matrons and prominent nurses, founded the Royal British Nurses' Association to work for registration and to improve the condition of nurses.

At that time English nursing conditions were much like those of Germany twenty years ago. The time of training was generally fixed at one year, nurses bound themselves to their training-schools for a term of years, and private duty independently of the schools was practically non-existent. Private nurses hired themselves for a salary and their living to their institutions, were worked hard, and in old age and ill-health had often no refuge but the poor-house.

In planting the seed of organization Mrs. Fenwick did for nurses and their work the greatest service that has been done them since Miss Nightingale took nursing out of the hands of the disreputable and placed it upon a scientific basis. Even Miss Nightingale encountered opposition in her day, though her career was one that appealed pre-eminently to the sympathies and imagination of the public. To realize fully the virulence of the opposition to Mrs. Fenwick's long work for self-governing organization and higher professional education it must be remembered what bitter opposition always springs up to meet the pioneers in this path in countries where long-established prejudices, privileges, social distinctions, and provincial feelings are strong forces. The idea she stood for was a new one to her contemporaries—that of *justice* instead of charity to workers—an idea that blooms spontaneously only in a few minds, and in many never even sprouts. Justice is an irritating proposition as opposed to sentimentality. True, many nurses were helpless, destitute, dependent, but that gave people an opportunity to be benevolent, and Mr. Henry Burdett got up a pension fund for them (incidentally a title for himself) and talked about "spinsteries," which were to be respectable almshouses for aged and indigent nurses.

The one year's training soon proved not enough, and Mrs. Fenwick advocated three, ultimately bringing it about by the coördinated strength of the membership of the R. B. N. A. and its admission requirement. But improved education for women has always had to fight for the right to live on the earth. Most odious of all was her insistence upon obtaining justice by *organization*. The very word is hateful to the true British individualist, for it suggests that he may be made to pull in harness with other people when he does not want to. Then, organization makes wage-earning people uppish and they make demands. And people who work must remain humble, and nurses must be subordinate to their matrons, and women must be subordinate to men, and persons of lower quality must be submissive to those of higher degree. Like a fresh, strong breeze blew the new ideas through the old, and those who were blown aside have never forgiven the breeze to this day. To prevent their gaining headway a group of conservative physicians usurped the control of the R. B. N. A. and closed the door upon nurses who dared

to make themselves heard. A lay commercial journal, *The Hospital*, denounced the nurses' organization and called its members "the scum of the nursing profession."

To have a means of expression and of propaganda Mrs. Fenwick established the *Nursing Record*, now the *British Journal of Nursing*, wherein to this day she has advocated progressive education, organization, and registration with an ardor and denounced all reactionary forces with a fearlessness all her own. But for this journal it is probable that the aspect of nursing affairs in more countries than England would have been very different from what it is to-day, and general progress greatly delayed. In maintaining it against all odds for the sole purpose of standing for reforms for which no one else could or would sacrifice all their time, money, and strength she has done the nursing profession of all countries an inestimable service. The inquiry made by Parliament years ago into the conditions of the great hospitals and their nursing services was the result of her initiative. This inquiry, which set the date for much training-school house-cleaning and put an end to many bad old customs imported from who knows where, caused animosities which have endured to this day, because in countries of small size people cannot get far enough away from one another to forget.

The aims of the R. B. N. A. being for the time defeated, three years ago Mrs. Fenwick established the Society for State Registration to do the work the R. B. N. A. had failed to do. The general panic that ensued is fresh in our readers' minds and was a speaking testimonial to the formidableness of the movement, now supported by hundreds of nurses in close and intelligent organization. An earthquake shook the R. B. N. A., and after the State Society had advanced in masterly fashion with a registration bill to Parliament the R. B. N. A. astonished everyone by presenting another. The nurse-members had asserted themselves, and the ruins of discredited officers fell around. A period of blockade now seemed imminent, and the State Society made its next masterly move in petitioning Parliament for an inquiry into the whole nursing question. The appointment of this committee marked another great victory, for under the full light of publicity legal status must eventually result. The importance of this victory may be estimated by the next panic that ensued—that of the attempt to create an arbitrary and unnamed body of control for the nursing profession under theegis of the Board of Trade. This strange proceeding, which was carried on absolutely without the knowledge of the organized nurses of Great Britain, in such secrecy that it might almost be said to have resembled a plot, was most fortunately exposed in time to defeat it by the *British Journal of Nursing*, and all of our readers remember the explosion of

righteous indignation which followed, and the splendid lining up of organized nurses, with the equally fine support given them by the medical societies. We do not know, and probably never shall, the true inner history of this ill-fated attempt. Who the actual originators, what their motives, and what their anticipations are matters only of surmise, as their names were steadfastly withheld.

The collapse of this last undermining attempt, and the report of the Select Committee in favor of registration by the State and recommending the creation of a Central Body upon which nurses shall have a large representation leaves the registration party, which includes every self-governing local association of nurses in Great Britain, in complete possession of the long-contested ground.

The overwhelming mass of testimony for registration has been so strong and convincing, and the opposition arguments so sparse and puerile, that one could have felt no doubt of the result had not one realized the strength of a subtle, intangible resistance—that of prejudice. Well may the *British Journal* call the report of the Select Committee "The Triumph of Reason."

POST-GRADUATE WORK

ONE of the crying needs of nurses which is heard from all sides is for opportunities to do post-graduate work.

The *JOURNAL* is in constant receipt of letters asking for aid and advice on the subject, which the acting Editor must confess to be entirely unable to answer satisfactorily.

Beyond a very few schools which officially announce their willingness to receive post-graduates we cannot advise. It has been suggested that if all training-schools for nurses in the United States which open their doors for such work would signify it to the *JOURNAL*, schools and graduates may be brought into touch with one another. The time has come, and will not be put off, when our larger and better-equipped schools must follow the example of other professions and give this opportunity to the eager graduate. It will add greatly to the cares of the already overworked superintendent, but somehow and in some way the problem will be solved, as the three-years' course, the preliminary course, and State registration are being worked out.

One of the things to be borne in mind is that time, much time, is always needed to effect radical changes, and good post-graduate courses will not appear because a wand is waved, but because a few good superintendents will toil and labor together, making many plans which will

be tried, done over, modified, and perhaps abandoned and a new start made.

Doubtless in five years we will have splendid courses in various quarters, but what can we do for the clamoring ones now?

PROGRESS OF STATE REGISTRATION

THE Iowa bill for State registration was not passed.

The Rhode Island State registration bill was in the hands of the Judiciary Committee when the Legislature adjourned.

The Oregon State Nurses' Association is in the process of organization, having a charter membership of sixty-five members, but as yet the society is not sufficiently formed to consider any steps for legislation.

The following is the Connecticut bill enacted by the General Assembly July 1, 1905:

"AN ACT REGULATING THE PRACTICE OF PROFESSIONAL NURSING OF THE SICK.

"GENERAL ASSEMBLY, January Session, A.D. 1905.

"Be it enacted by the Senate and House of Representatives in General Assembly convened:

"SECTION 1. From and after July 1, 1905, there shall be a Board of Examination and Registration of nurses, composed of five members appointed by the Governor, and all vacancies in said board shall be filled by the Governor in like manner. The members of said board shall be residents of the State of Connecticut and shall be practical nurses, each of whom shall be a graduate of a training-school for nurses which gives a two-years' course in a general hospital, and shall have had at least eight-years' experience in professional nursing of the sick. Each member shall be appointed for a term of three years from the date when the appointment shall take effect, except those first appointed, who shall serve as follows: one for one year, two for two years, and two for three years from the date their appointments take effect respectively, and except a person appointed to fill a vacancy, who shall be appointed for the unexpired term.

"SEC. 2. Said board shall, at the first meeting thereof and at the annual meeting, which shall be held on the first Wednesday in June, 1906, and on the first Wednesday in June in each year thereafter, elect from its own number a president and a secretary, who shall also be treasurer. Said board may adopt a seal, and may adopt such by-laws, rules, and regulations for the transaction of the business of the board and the government and management of its affairs, not inconsistent with the laws of this State and of the United States, as it may deem expedient. Three members of said board shall constitute a quorum, and special meetings shall be called upon request of any two members. On

request of said board the Comptroller shall provide a suitable room in the Capitol for its meetings.

"Sec. 3. The members of said board shall receive their actual necessary expenses incurred in the discharge of their duties and the secretary shall receive a salary to be fixed by the board, not to exceed one hundred dollars per year. Said expenses and said salary shall be paid out of the receipts of said board as hereinafter specified.

"Sec. 4. At a meeting of said board to be held within sixty days after the appointment of the members thereof, and at the annual meeting in each year thereafter and at such special meetings as said board may deem necessary to hold for that purpose, notice of each of which meetings shall be given by publication in such newspapers as the board may determine at least one month previous to such meetings, said board shall examine all applicants for registration under the provisions of this act to determine their qualifications for the efficient nursing of the sick. Any person twenty-one years of age or over and of good moral character who shall show to the satisfaction of the board that he or she is a graduate of a training-school for nurses which gives a two-years' course in a public or private hospital where medical, surgical, and obstetrical cases are received and treated, or has had such experience as said board shall find to be equivalent thereto, shall be eligible for such examination upon payment of a fee of five dollars, to be deposited upon the filing of the application for examination. Said examination shall include the subjects of elementary anatomy and physiology, medical, surgical, and obstetrical nursing, dietetics, and home sanitation. If such applicant shall pass said examination to the satisfaction of the board, said board shall issue a certificate of registration to said applicant.

"Sec. 5. Any person twenty-one years of age or over and of good moral character, applying for registration within two years from the passage of this act, and who shall, by affidavit or otherwise, show to the satisfaction of the board that he or she is a graduate of a training-school for nurses which gives a two-years' course in a public or private hospital where medical, surgical, and obstetrical cases are received and treated, or that he or she was, at the passage of this act, a student in such training-school for nurses and afterwards was graduated therefrom, or has had such other experience as said board shall find to be equivalent thereto, shall be eligible for registration without examination upon payment of a fee of five dollars.

"Sec. 6. Said board may cancel the registration of any person who has been convicted of any felony, or of any crime or misdemeanor in the practice of the profession of nursing.

"Sec. 7. It shall be unlawful, after two years from the passage of this act, for any person to practice professional nursing in this State as a registered nurse without having a certificate of registration. A nurse who has received such certificate shall be styled and known as a 'Registered Nurse,' and no other person shall assume such title, or use the abbreviation 'R. N.' or any other words, letters, or figures to indicate that the person using the same is such a registered nurse. Every person who shall violate any provision of this act, or who shall wilfully make false representation to said board in applying for a certificate of regis-

tration, shall be fined not more than one hundred dollars; *provided*, that nothing in this act shall be held to apply to the acts of any person nursing the sick who does not represent himself or herself to be a registered nurse. The board shall cause to be presented to the proper prosecuting officer evidence of any violation of the provisions of this act and may incur any necessary expenses in the performance of this duty, said expenses to be paid out of the receipts of said board.

"SEC. 8. All fees collected by said board under the provisions of this act shall be paid to the secretary of the board, and said secretary shall pay from the moneys so received the salary of said secretary and the necessary expenses of the members as provided in section three of this act, also for books, stationery, and other necessary expenses of the board; *provided*, that said board shall create or incur no expense exceeding the sum received from time to time as fees under the provisions of this act. The secretary shall keep an account of all moneys received and expended as aforesaid and shall render a detailed statement thereof to the Comptroller on or before July first in each year.

"SEC. 9. This act shall take effect from its passage."

We regret that space forbids taking up the veto of the Governor of Illinois in detail, but the summary of his conclusions reads as follows:

"Under the provisions of this bill a large number of the best qualified nurses in the State, from long experience, who are not graduate nurses now in practice, cannot under any circumstances obtain a certificate entitling them to practise as registered nurses until they are graduates of a reputable training-school connected with a general hospital or special hospital.

"On account of the contradictory and ambiguous provisions of this bill, as well as the hardships it would impose, as appears from the analysis of its provisions here given, the same is returned without my approval."

We confess ourselves as unable to see wherein the bill is contradictory or ambiguous. Section 7 of the bill reads:

"SEC. 7. This act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, and also it shall not apply to any person nursing the sick for hire but who does not in any way assume to be a registered nurse."

Quoting from the report of the chairman of the Legislative Committee:

"We learned en route from a representative who is a staunch friend of our measure that opposition of an entirely different nature than any we had confronted was to be reckoned with; opposition which, however, we could not very well attack and hold to the ethical principles which we had tried to follow throughout our work.

"So we simply continued the work of trying to get satisfactory

evidence to the Governor that no religious element had ever entered into the framing of our bill.

"From all our interviews with the Governor we had come to feel that was his only fear in our measure.

"On Tuesday, April 25, we had a hearing before the Committee on License, and, as is the usual courtesy extended lobbyists, were permitted to present our measure and to state what were its salient points and its true object.

"The opposition having again aimed at the strength of our bill, in the interval between our visits to Springfield on April 30 and on April 23, was also to have a hearing before the License Committee, as too was a delegation of German Lutheran clergymen who had come to us with an amendment on Monday evening. Had *this later amendment been conceded, we would have aided in legalizing a poorer status for schools than we now have with our unwritten law for standard for nurses' training-schools.*" (Italics are ours.)

"These men were all to have their hearing the day following the one upon which we had ours, and we were told that it would not be necessary for us to be present at that time. This bit of advice we did not heed, and were consequently able to correct several assertions which were made. The voting showed seventeen in the affirmative and one in the negative that our bill be referred to second reading.

"The second reading was given on Thursday and the third reading on Friday. The bill was sent to the Governor, having received one hundred and eleven favorable votes in the House.

"But the tenth hour the bill received the Governor's veto."

It is significant that in neither instance has the registration bill in Illinois received any opposition from nurses, trained or otherwise, nor from the leading medical men. Quoting from the *Illinois Quarterly*:

"Nurses always have recognized and continue to recognize as their best friends the representative men of the medical profession. This kindly attitude was particularly noticeable in the recent effort for State legislation, and contrasted most agreeably with the action taken by some of the lesser lights, who, not satisfied with criticising the effort of the nursing profession, even went so far as to write to the Governor, requesting his veto."

One of the most valuable workers on the Legislative Committee is not a graduate nurse, but a young woman who for good reasons was unable to finish a course of training. Realizing from experience what State registration would mean to the nurses of Illinois, she has given freely of time, money, and mind to secure it, although she would be debarred from calling herself a registered nurse.

Certainly it would not seem that an extraordinary degree of intelligence was necessary to discern that the Governor of Illinois was more concerned about his constituents' political support than anxious about "the hardships it would impose."

The nurses of Illinois deserve our sympathy, and we devoutly hope their third effort may prove the lucky one.

They did not claim perfection for the bill, but it certainly would have effectively put an end to the quack schools for nurses which seem to thrive on the congenial soil of Chicago.

There seems no other way than to hold on and fight it out.

At a special meeting of the New Jersey State Nurses' Association, held at the Newark City Hospital on Tuesday, June 13, 1905, to discuss proposed amendments to the nurses' bill, it was decided to appoint a committee to canvass the State to obtain all legitimate information concerning the training-schools of the State.

At a meeting of the Board of Examiners of Trained Nurses of North Carolina, held in Greensboro, May 24 and 25, nineteen nurses received certificates as registered nurses.

Governor Hanley, of Indiana, appointed on "The State Board of Registration and Examination of Nurses" the following: Miss Menia Tye, Indianapolis; Miss Edna Humphrey, Crawfordsville; Mrs. Isabella Gerhart, Lafayette; Miss Lizzie Cox, Elizabethtown; Dr. Eva C. Sammons, Indianapolis. Pursuant to his call, the above-mentioned met at his office on May 19 and proceeded to organize by electing Miss Tye president and Dr. Sammons secretary and treasurer. The Board will convene on Monday, November 6, for the examination of credentials and applications for registration.

Application blanks for the Indiana State registration are now ready and may be had by applying to the secretary of the Indiana State Board of Examiners, Miss Eva Sammons, the Maryetta Flata, Indianapolis, Ind. Application for State registration must be made before January 1, 1906, if the applicant wishes to take advantage of the clause in the bill which waives examination.

We have received the combined first and second annual reports of the Maryland State Association of Graduate Nurses, which is a credit to the nurses of Maryland. Aside from the value of the records, the arrangement and typographical appearance are unusually good, and might well serve as a guide for other State associations. We would strongly recommend it as a text-book in the education of Governors, especially calling their attention to the address of the Hon. Henry D. Harlan, Chief-Justice of the Supreme Court of Maryland, and Dr. William H. Welch, of the Johns Hopkins University.

A SHAMEFUL RECORD

It is a sorry day when the attractions of that alluring path called selfishness lead us out of sight of the rough and rugged road of duty and loyalty, and we are very loath to acknowledge that our steps have been so numerous that we find difficulty in retracing them, but it is better for us to recognize our devious wanderings and resolutely return to the straight and narrow way than to discover too late that we have lost a goodly heritage.

We ask if it is really true that the nurses of the United States are entirely devoid of any sense of duty to their own country? From Maine to California a chorus of indignant denials will come, and doubtless abuse will be heaped upon the writer's head for making so slanderous an insinuation, but before these denials are written will the readers of the *JOURNAL* read this statement of a few plain, bald, shameful facts and ponder over their significance?

In March, 1904, the *JOURNAL* and other nursing publications contained the following:

"ELIGIBLE LIST OF VOLUNTEER NURSES.

"The Surgeon-General has deemed it advisable to open in his office what shall be known as the Eligible List of Volunteer Nurses. The names of acceptable graduate nurses who are willing to serve in time of war or national emergency will constitute this list, and the requirements for enrolment shall be as follows: Applicants must have graduated from a training-school for nurses which gives a thorough professional education, both practical and theoretical, and which requires at least a two-years' residence in an acceptable general hospital of not less than fifty beds. Graduates from special hospitals and from insane asylums and private sanitariums will not be considered unless their training has been supplemented by not less than six months in a large general hospital.

"Application for enrolment must be made to the Surgeon-General, and before being accepted the applicant must submit the following:

"1. A statement of her physical condition filled out in her own handwriting and sworn to before a notary public.

"2. A certificate of her health from at least one reputable physician personally acquainted with the applicant.

"3. The name of her school and date of her graduation.

"4. A certificate concerning the moral, physical, and professional qualifications of the applicant as shown by the records of the hospital must be furnished by the superintendent of the training-school from which the applicant graduated.

"If she was trained under a former superintendent of nurses, her endorsement is also desirable. Blanks for these purposes will be furnished by the Surgeon-General.

"Approved candidates will be placed on the eligible list for appointment in event of war or national calamity.

"Each nurse must agree to enter active service as she may be needed in time of war or national calamity. On the first of January and the first of July of every year she shall report to the Surgeon-General, giving her address and enclosing a certificate from some reputable physician showing the condition of her health at that time.

"When called into active service these nurses will be subject to all established rules and regulations and will receive the pay and allowances of nurses of the Army Nurse Corps as set forth in General Orders No. 54, War Department, November 16, 1903.

"DITA H. KINNEY,
"Superintendent Army Nurse Corps."

The same number of the JOURNAL contains the following editorial comment:

"We call the attention of our readers to an announcement in the official reports of the formation of an emergency corps of volunteer nurses who shall hold themselves in readiness to serve the Government in event of war or national calamity.

Mrs. Kinney has issued a circular letter to the superintendents of approved training-schools asking for their coöperation in securing a representative body of women for this department of the service.

"With ample time to investigate credentials many unfortunate mistakes arising from the emergency of war should be entirely avoided. Splendid women served in the Spanish War, conducting themselves with dignity and proving that women can endure hardship under any condition as well as men, but there were too many of the adventures class enrolled, and many before untried in temptation failed in the moral qualities. Superintendents who may be called upon to endorse applicants for this service cannot be too rigid in their refusal to vouch for nurses unless they are sure of the womanly qualities as well as the professional. Under the plan that the Nurse Corps has organized this work, if *politics* can be kept out, it will be 'up to' the superintendents if the wrong kind of women are enrolled for emergency service in the army."

Six months later the JOURNAL contained an editorial, "Can the Trained Nurses of this Country be Lacking in Patriotism?" This is too long to be given entire, but its substance is that the superintendents "heartily endorsed the plan and promised every possible assistance. The superintendents surely did their duty, some sending lists of their best graduates while others referred the matter to the alumnae associations. To all those whose names were sent in blanks were forwarded as promptly as possible. Whether there could have been anything in these which was not understood by the nurses is not known. It is known, however, that the blanks were identical with those approved by the

Surgeon-General and which are in use for applicants to the Army Nurse Corps. Incredible as it may seem, out of all the blanks sent only *six* have been returned during the six months which have intervened."

Another year is drawing to a close, and at the beginning of August the "Eligible List of Volunteer Nurses" stands, since the first appeal in March, 1904: number of applications for blanks, one hundred and seventy-four. Of these there have been returned forty-two; not recommended by her superintendent, one; total number on the list, forty-one. Of these the number who have been or who are at present in the army are eighteen, thus leaving the number of outside graduates on the list as twenty-three. If this means anything, it means that only *forty-one* nurses out of over thirty thousand desire to serve their country in its time of need. But we know that if an emergency arose the nurses would rise to meet it, and we would have a repetition of the confusion and dissatisfaction which we were so ready to criticise and rebuke seven years ago simply because we are more selfish than patriotic.

Curiously enough, the ink in the above lines was not yet dry when the letter from the nursing staff of Ancon Hospital, Panama, arrived, and serves to confirm what has already been written.

Our faults are not the faults of nurses alone, for we only reflect the signs of the times and our own people, who love the glare of notoriety and excitement and are fickle and inconstant until misfortune and disaster overtake, when their inborn courage and faithfulness come to the front and save the day. Meanwhile we cry aloud, "How long, O Lord, how long?" with this record of our indifference standing as a public rebuke upon us?

Yellow fever has taken possession of New Orleans, and it would not be surprising if at any moment an emergency might arise requiring hundreds of nurses in the South and possibly at Panama. Shall we leave the forty-one to meet it alone while we sit safely at home with the Panama officer who believed that "He who runs away will live to fight another day," waiting for the precipitation of that tragic chaos which will inevitably follow?

It is for the nurses of the nation to answer this question.



TRAINING-SCHOOL LIBRARIES *

By ANNA L. ALLINE

Instructor in Hospital Economics, Teachers College, Columbia University

THE question of the training-school libraries seemed at first thought to be one of the few subjects that could speak for itself, having its recognised place, being an important part of the equipment of every educational institution. All there would be to do to make a report would be to gather in the schedules of questions which would be so fully and comprehensively answered by a few hundred of our schools. This would not then be a paper for discussion, but as a statistical report would find a quiet lodging-place in the printed report of the transactions of this society.

The first glance through the papers sent in changes this aspect of it somewhat, as the majority of them present some problem which can only be solved by open discussion.

I wish to call your attention to a few statistics gathered from the reports under the same general classification used in all the reports of the Educational Committee, the basis being the number of beds. In each class there were one or more which could not be classified:

FIRST CLASS, TWENTY-FIVE TO FIFTY BEDS.

Forty-seven papers were returned. Twenty-two of these reported no libraries, but ten had professional periodicals. Fourteen have libraries. Eight returned blank papers. Three stated that they were about to establish the library. Of the fourteen having libraries, one had no general library and two had no reference library.

Number of volumes in the libraries of general literature: four have from one hundred to two hundred and fifty; nine have from ten to one hundred.

Number of volumes in reference library: one has ninety-two; one has fifty; four have twenty-five to fifty; five have three to twenty-five.

One simply answers "yes" to the question of how many, but it has a daily paper and that lets it in for a little credit.

Six of the fourteen have monthly magazines, those named most frequently being *Harper's*, *Outlook*, and *Ladies' Home Journal*; four have daily papers; nine have THE AMERICAN JOURNAL OF NURSING; six have medical journals; five have other nursing journals.

* Read before the Superintendents' Society in May, 1905, at Washington, D. C.

Three have a special room for the library.

All but one have been established since 1900.

One was established by the superintendent and nurses; others were established by a physician or by physicians and by friends.

One is maintained by the institution, others by contributions.

Regulations most irregular, only one or two require books to be used in the library only.

SECOND CLASS, FIFTY TO ONE HUNDRED BEDS.

Eighty-three papers received. Thirty-three have no library, but eleven of these have professional journals. Thirty-four have libraries. Seven returned blank papers. Five are about to establish libraries. One asks for suggestions.

Number of volumes of general literature: thirteen have one hundred to three hundred; nine have fifty to one hundred; seven have six to fifty; five have none.

Number of volumes in reference library: two have one hundred; nine have fifty to one hundred; twelve have twenty-five to fifty; nine have eight to twenty-five; two have none.

Nineteen have periodicals of general nature, these mentioned most frequently being *Harper's* and *Century*; twenty-six have professional journals; twenty-five THE AMERICAN JOURNAL OF NURSING, others mentioned *Training Nurse*, *Medical Journal*, and *Journal of Domestic Science*; two have daily papers.

Eight have a special room.

Six were established before 1900; fourteen were established since 1900. They were established by the staff and by donations.

One raised money by giving a fair; one is maintained by a fund, two by the hospital, two by nurses. The others seem to have no definite means.

Eight have regulations for controlling their use. All have the same general plan of allowing the books to be taken out and name of nurse registered.

THIRD CLASS, OVER ONE HUNDRED BEDS.

One hundred and fourteen papers received. Eighty-five have libraries. Eleven have no libraries but all have periodicals. Thirteen returned blank papers. Five are about to establish libraries.

Number of volumes of general literature: three have one thousand or over; seven have five hundred to one thousand; forty-one have one hundred to five hundred; fifteen have fifty to one hundred; three have under fifty; twelve have none.

Number of volumes in reference library: five have two hundred or over; seventeen have one hundred to two hundred; twenty-one have fifty to one hundred; twelve have twenty-five to fifty; nineteen have under twenty-five; seven have none.

Forty-seven have periodicals of general nature, those mentioned most frequently being *Harper's*, *Scribner's*, *Century*, *Munsey*, *Ladies' Home Journal*; *Charities* mentioned but once; *Studio* mentioned once; daily papers in eight, *Domestic Science*, three; professional journals, sixty-four; THE AMERICAN JOURNAL OF NURSING, forty-eight (this represents the number of schools having subscriptions, but not the number of journals); others mentioned: *Pacific Coast Journal*, *British Journal of Nursing*, *Australian Journal of Nursing*, *Medical Journal*, *Training Nurse*.

Forty-five have a special room.

Sixteen were established before 1895; seventeen between 1895 and 1900; nineteen since 1900. Seven were established by nurses and seven are maintained by nurses (library fee, ten cents to one dollar); one has the interest on a fund of four thousand dollars.

Twenty-four have regulations. In one instance the matron of the home is librarian. For the most part the books are freely used throughout the building.

With a most generous calculation, there are not more than one hundred and thirty-two libraries. A little trimming down seems necessary. If we cut off those claiming to have not more than ten or twelve technical books, we still have a margin if we place the number at one hundred.

When we think of the constant struggle to raise the standard of our profession, and realize so keenly the great dependence on the education of the nurse, is not this the greatest handicap we have? With little or no library facilities, one of the corner-stones of the organizations is certainly lacking.

It must be emphatically stated, and I doubt not this audience would approve as a body, that the reference library is one of the essentials in providing equipment for a training-school. The unlimited number of the professional books published makes it all the more necessary that the standard books be placed within reach of the pupils. The maintenance of the library is quite as important as the establishment, due entirely to the rapid strides of science.

The text-book stage is rapidly passing out of use, and the study of subjects directly from reference-books has come in its place. As a result, we have a much broader field, a greater interest, and a greater activity, which develops the thinking nurse, and she is alive and alert for the problems daily before her.

I have laid the greatest stress on the reference library, but we practically have a natural division of the question into three parts:

1. Text-books for the individual pupil.
2. Reference books.
3. General literature.

As previously stated, the text-book is not the most necessary consideration of class instruction. We may place it as an adjunct only, as a general guide, and then, too, being always at hand it has its value. A few text-books to begin with and added to from time to time in passing through the grades, together with some of the more general and historical professional books, are a part of her stock in trade which every nurse should possess. The following list is suggested:

Life of Florence Nightingale. Tooley. (New York: Macmillan Co.).....	\$1.50
Nursing Ethic. Hampton. (J. B. Savage Co., Cleveland, O.).....	1.50
History of Nursing. Nutting	
Notes on Nursing. Nightingale. (D. Appleton & Co.).....	.75
Practical Points in Nursing. Stoney. (Saunders, Philadelphia).....	1.50
Medical Dictionary. Pocket Edition. American. Dorland. (Saunders, Philadelphia)	1.00
Medical Dictionary. Gould. (Blakiston Publishing Co.).....	1.00
Anatomy and Physiology. Kimber. (Macmillan Co.).....	2.25
Materia Medica used in the School	
THE AMERICAN JOURNAL OF NURSING. (J. B. Lippincott Co.).....	2.00

On completion of her course she should also have:

The Care of the Baby. Griffith. (Saunders, Philadelphia).....	\$1.50
Theory and Practice of Infant Feeding. Chapin. (William Wood & Co.)..	2.25
Obstetrical and Gynecological Nursing. Davis. (Saunders, Philadelphia)	1.75
Personal Hygiene. Pyle. (Saunders, Philadelphia).....	1.50

Should the nurse at any time take up a special line of work her list of books would of necessity be increased to meet that need.

The reference library should contain the entire list named above with the following in addition:

The American Illustrated Medical Dictionary. Dorland. (Saunders, Phila.)	\$4.50
Or The Illustrated Medical Dictionary, with index. Gould. (Blakiston)..	5.00
Bacteriology. Newman. (Putnam & Sons).....	1.50
Bacteria Yeasts and Molds in the Home. Conn. (Ginn & Co., Boston)....	.50
Agricultural Bacteriology. Conn. (Ginn & Co., Boston).....	1.25
Materia Medica. Dock. (Putnam & Sons).....	1.25
Materia Medica. Stoney. (Saunders, Philadelphia).....	1.25
Materia Medica. Groff. (Blakiston).....	1.25
Materia Medica. Homeopathic. Dewey. (Boerische & Tafel).....	1.75
Urine Analysis. Long. (Chemical Publishing Co., Easton, Pa.).....	1.50
Anatomy. Gray.....	Cloth, \$5.50; sheep, 6.50

Human Body. Martin. (H. Holt & Co.).....	\$2.29
Elementary Physiology. Huxley. (Macmillan).....	1.26
Home Science Cook-Book. Lincoln Barnes. (Whitcomb & Barrows).....	.90
Boston Cooking-School Book. Farmer. (Little, Brown & Co., Boston)....	1.50
Diet and Relation to Age and Activity. Sir H. Thompson. (Warne).....	.75
Practical Dietetics. W. Gilman Thompson. (D. Appleton & Co.).....	5.00
Diet—Health and Disease. Julius Friedenwaldt and John Rührh. (Saunders, Philadelphia)	4.00
Principles of Sanitary Science. Sedgwick. (Macmillan).....	2.70
Care of the Home. Clark. (Macmillan).....	1.35
Practical Hygiene. Parkes. (William Wood).....	4.00
Ventilation and Heating. Billings.....	6.00
Home Sanitation. Sanitary Science Club. (Home Science Publishing Co., Boston)25
Nursing—Its Principles and Practice. Hampton. (Saunders, Phila.)	2.00
Text-Book of Nursing. Clara Weeks Shaw. (D. Appleton & Co.).....	1.32
Familiar Forms of Nervous Diseases. M. Allen Starr. (William Wood)...	2.50
Mental Medicine. Dr. E. Regis. (Blakiston).....	2.00
Diseases of the Nervous System. Pearson. (Appleton).....	3.00
Fat and Blood. S. Weir Mitchell. (J. B. Lippincott Co.).....	1.50
Principles and Practice of Medicine. William Osler. (Appleton).....	5.00
Vertebrate Embryology. Marshall. (Putnam).....	5.10
Diseases of Infancy and Childhood. Emmet. (H. Holt & Co.).....	6.00
Practical Hints on District Nursing. Amy Hughes. (Scientific Press, London)30
Notes for Visiting Nurse. Rosa Gillette Shaw. (Blakiston, Philadelphia)	1.00
Practice of Massage. A. S. Eccles. (William Wood).....	2.50
The Care of the Teeth. S. A. Hopkins. (Appleton).....	.75
Chemistry, Elementary Course. Romsen. (H. Holt & Co.).....	1.04
Physiological Chemistry. Halliburton. (Longmans, Green & Co.).....	1.36
Conversations on Chemistry. Ostwald. (John Wiley & Sons).....	1.13
A Handbook on the Prevention of Tuberculosis. First Annual Report of the Committee on Prevention of Tuberculosis. (Charity Organization Society, New York).....	1.00
Pulmonary Tuberculosis. Dr. S. A. Knopf.....	3.00
Tuberculosis, Diagnosis, Prognosis, Prophylaxis and Treatment. Twentieth Century Practice of Medicine. Vols. XX. and XXI.....	
Transactions of the Medical Convention of Chicago. J. H. Billings, H. M. Hurd. (Johns Hopkins Press, Baltimore).....	5.00
Transactions of the Third International Congress of Nurses (to be obtained through the treasurer of the societies).....	1.00
Transactions of the American Society (through the secretary of the Society of Superintendents, annually).....	1.00
Transactions of the Associated Alumnae of the United States.....	
Friendly Visiting among the Poor. Richmond.....	.75
Principles of Relief. Devina. (Charity Organization Society, Twenty-second Street and Fourth Avenue, New York).....	1.00
Practice of Charity. Devina. (Charity Organization Society, Twenty-second Street and Fourth Avenue, New York).....	.80
Century Dictionary and Encyclopedia. (Century Co.).....	65.00

<i>Progressive Medicine.</i> (Lee Brothers, Philadelphia and New York.) A quarterly digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Per year.....	\$4.00
<i>Charities</i> , weekly. (Charity Organization Society.) Per year.....	2.00
<i>Good House-Keeping.</i> (Phelps Publishing Company, Springfield, Mass.) Per year	1.00

The library of general literature is of no small moment; it is the source of healthful recreation and culture. Not even a hint of its limitations will be attempted, but a few special recommendations only will be made.

A daily paper or papers, clean and wholesome, are quite necessary; also standard periodicals, two or more of a general nature, with two or more of a special character on religion, art, music, or nature study.

Some nurses in private practice need guidance in selecting literature to read to their patients, especially to children. This could in a measure be done by the proper selection for the school library. The books should be catalogued in both the general and reference libraries by the card system. Books of reference should be so placed and rules governing their use so made as to result in the greatest possible use to the entire student body.

Quite the ideal way would be to have a room for this section of the library by itself. Two rules should be unalterable—first, the books should never be taken from the room; second, no conversation whatsoever should be carried on at any time.

The books should be covered for protection and plainly marked with the title and the name of the author. A librarian might be appointed from the senior class to take an inventory at least monthly to learn if any books were missing or in need of repair. She should have special charge of the library, to know if the books are properly placed and general rules carried out. This would take but little of her time and could usually be attended to in connection with her own study hours.

If there is but one room for general literature and reference books, the two important rules should still be enforced for the benefit of those who study. The books of general nature should be governed less arbitrarily and could be taken from the room by the use of the ordinary card, thus leaving a record of time taken and the name of the person who took it. A fine should be paid for keeping a book out over time or injuring it in any way.

For the more free use of these books there should be a librarian having an office hour once or twice a week for the exchange and renewal of books. She might be appointed from the intermediate class with an assistant from the junior class to take her place in case of necessary absence.

Magazines and newspapers should never be taken from the library until they can be replaced by those of later date.

Again, if it is necessary to have the books in the social room for the nurses, there must be certain hours of the day when the regular rules in the interest of uninterrupted study should be recognized.

It is interesting to note the rapid increase in the establishment of libraries in the last five years—forty-seven of the estimated total of one hundred have been established since 1900. The questions as to how they were established and how they are maintained were not answered definitely enough to allow of any classifications. But some interesting features were noted, as the superintendent allowing her personal library for the use of the school. This does not seem a wise step to take for many reasons and should not be advised. When the people in connection with the school do not realize what the proper equipment should consist of, the various points of view might be presented, and it does seem that this is a particularly good field for the Ladies' Board. It will be necessary to have a committee on library work to guard against donations of large numbers of books of questionable value. Storage room is usually scarce and only desirable books should be placed on the shelves of the library.

Two schools are fortunate enough to have funds for maintenance. The nurses of Johns Hopkins are to be congratulated for having a fund of four thousand dollars with which to replenish their stock and keep it up to date.

LIBRARY DISCUSSION.

In the discussion the following points were brought out:

That the Boston City Hospital has a library memorial endowment of two thousand dollars, the interest being used each year for new books.

That the Rochester City Hospital has a similar endowment of two thousand five hundred dollars.

That when a beginning has been made and the need is apparent some one is sure to respond.

That the Johns Hopkins is to have four thousand dollars as a bequest, but that a library of eight thousand volumes has been accumulated in eight years, beginning by each pupil contributing one dollar, and all grateful patients who wished to express themselves being directed to the library.

That another superintendent, Mrs. Fournier, has in six years obtained a goodly number of books and magazines by appealing to the medical lecturers for books on special subjects, to book-stores and newspapers for magazines and daily papers, and in the same way diverting all small sums of money given for the benefit of the nurses to the library.

The Massachusetts General Hospital has quite a large library, a system of exchange being conducted by the nurses in taking out the books. Magazines and reference books are not taken from the reading-room, but general books may be taken to the nurses' rooms, the nurse entering her name and date on the register when she takes the book out and crossing it off when it is returned—in not longer than two weeks.

There was some discussion about losses, but the opinion prevailed that the losses were few and the nurses very careful.

THE LEGAL RESPONSIBILITY OF THE NURSE*

By WALTER H. SAUNDERS

Of the St. Louis Bar

THE subject of my lecture to-night is "The Legal Responsibility of the Nurse." From an early age until death each person is charged with various responsibilities—some are moral and some are legal. The nature of these responsibilities depends very largely upon the place in society which the person fills and they vary in proportion to the various callings of life. Some have heavy responsibilities, some have light responsibilities; some fill a wide range of usefulness, and the efforts of others are restricted to a very narrow range. The king on his throne, and the president of a great republic, as well as the humblest ditch-digger, or the most astute lawyer, or the most skilful surgeon, are alike subject to the universal rule of responsibility. The difficult matter for many of us to appreciate is that responsibility is individual and ought to be so. So often we are prone to shirk obligations which have been properly placed upon our shoulders, and to shift to someone else the performance of a duty which essentially belongs to us. The object of all law is to fix responsibility. "And Nathan said unto David, 'Thou art the man.'"

The term "legal responsibility," in its general sense, means that responsibility which the law attaches to particular conduct. The rules of law are not arbitrary. They are not contained in a sealed book, which can be opened by none except those learned in the profession. They are the rules of common-sense, justice, and morality which reflect the settled opinion of each nation. Too many people are apt to think that the rules of legal responsibility are vague, indefinite, and unknown, and that a person of ordinary prudence and care may frequently transgress

* Lecture to the nurses of the Bethesda Training-School, St. Louis, Mo., May 20, 1908.

the rules of law, as applied to the responsibility of an agent, without in any way intending to violate them.

A trained nurse is an agent with a particular training fitting her for that calling, and it is safe to assert that, if she acts honorably, uprightly, and conscientiously, and uses reasonable skill, she will never transgress any law, either civil or criminal. Her occupation is a singularly responsible one. In her hands are often placed the issues of life and death. The question of Cain, "Am I my brother's keeper?" which has come ringing down through the ages, should have a peculiar significance to her.

The laws are no more of a burden to those who wish to obey them than the air we breathe. It is not necessary for an agent to know the technical rules of law in order to always conform to them. Granted a faithful and conscientious agent, and I am safe in saying that perhaps not once in a long lifetime would such an agent, even without any knowledge of law, transgress the most technical of its rules. I make these preliminary remarks to dissipate the common idea that the rules of law governing agency are enshrouded in an impenetrable mist.

The first duty of the agent is to be entirely loyal to his trust, and so the first duty of the trained nurse, a highly skilled agent, is to be loyal to her patient. Loyalty to the patient carries with it the obligation to obey instructions given by the attending physician unless they are so plainly wrong that there can be no question as to their being unwise, and not to be negligent at any time in the discharge of the duties assumed. Ordinarily, of course, a nurse should follow out to the letter the instructions of the attending physician. In following out to the letter the careful instructions of a competent physician the trained nurse incurs no liability; but there are emergencies when she must exercise her own independent judgment, and then her legal responsibility begins.

Negligence assumes a thousand different shapes. Wherever a person is careless or lacking in diligence, which may spring either from laziness or the lack of the spirit of conscientious labor, his conduct may involve him in either civil or criminal liability. This brings me to the division made in law of the consequences of negligence. Negligence may entail either civil liability, by which is meant the obligation to respond in damages, or criminal liability, by which is meant prosecution for crime, carrying with it fine and imprisonment. Very often an agent is guilty of negligence which entails only civil liability, but no criminal liability, because there is no criminal intent. Both civil liability and criminal liability spring from conduct either active or passive, commission or omission, or, in the language of the law, malfeasance and non-feasance. You may be liable either because you omit to do something or because you do something. A nurse who sits with folded hands and does nothing

is frequently more liable, both civilly and criminally, than the nurse who actively endeavors to do something. A nurse who under certain conditions would go to sleep while attending a patient would be just as clearly culpable as a picket who would go to sleep when guarding his army from a hostile foe.

It would be, indeed, a strange rule of law that an agent could be careless, kill a person, or inflict severe bodily injury and yet not be civilly responsible.

In examining the law-books on the subject I find that the liability of a trained nurse has never yet been determined, because, so far as I have been able to investigate, none of that profession has ever been sued. This is due to three causes:

First: Trained nursing, as a profession, has only become common within the past twenty years. It is one of the spheres of great usefulness recently opened to women. The prophetic eye of John Stuart Mill, the great English philosopher, who wrote, years ago, a little book entitled "The Emancipation of Women," enabled him to clearly foresee the immense importance of woman as an active factor in civilization, when emancipated from mediæval restrictions, legal, social, and professional, which had stunted her growth and narrowed her sphere of influence.

Second: A trained nurse has generally been able to shelter herself either behind a physician's instructions or lack of instructions, and,

Third: The general tendency in the United States, ever since the foundation of our government, has been not to hold physicians to a high measure of accountability for their acts, and this rule applies in an even greater degree to trained nurses.

I am very glad, however, to say that with the development of higher civilization in this country a stricter measure of liability is being imposed upon physicians, and the day is not far distant when a physician who murders a patient either from inexcusable ignorance or because of the application of a treatment which could never, under any circumstances, effect a cure, when there is a well-known specific, will be held liable for negligent homicide.

It is enough to distress anyone to note the extraordinary disregard for human life in this country and the reckless indifference often shown in the conduct of private and public affairs.

Jules Verne, in his book, "Around the World in Eighty Days," ridicules in a well-remembered scene the utter recklessness of Americans. His hero, Phileas Fogg, is travelling from San Francisco to New York, accompanied by his French servant, Passepartout, on a fast through-train in order to complete his trip around the globe within the specified time. The train was flagged on the west side of a bridge crossing

Medicine Bow, and the flagman informed the engineer and conductor that the bridge was in a dangerously weak condition and quite certain to collapse if the train attempted to cross, the chances being even. By that time some of the passengers, including Passepartout, had alighted from the train and listened to the conversation. After some investigation and discussion one of the passengers declared that there were eighty or ninety chances out of one hundred that the train would pass over safely, and the passengers then decided to proceed. The Frenchman attempted to suggest that the safe way would be for the passengers to walk across the bridge and let the train follow, but his idea was contemptuously repudiated with the suggestion that he was a coward, and for the further reason that it would entail the loss of several hours' time. The Frenchman indignantly denied that he was a coward and declared that he could be "as American as they." The train then backed a mile to get a long flying start, and at a terrific rate of speed crossed the bridge, which fell into the canyon just as the train left it. This sketch is far from being overdrawn.

Within the past four months, in New York and the vicinity, so the papers state, seven hundred and ninety-three people have been injured by automobiles and sixty-two killed. The largest fine, I believe, has been one hundred dollars. No doubt some damage suits have been filed, but no one has been prosecuted for negligent homicide. I confidently believe that reckless scorching on the streets and highways, causing death, will never be stopped until some of the chauffeurs and their employers who are riding at the time of the accident and frequently urging their chauffeurs to greater speed—in the language of the law aiding and abetting—are sent to the penitentiary for their brutal disregard of human life. It appears from the last report of the Interstate Commerce Commission that three thousand seven hundred and eighty-seven people were killed in this country by the railroads last year, three thousand three hundred and sixty-seven of the number being employes, and that fifty-one thousand three hundred and forty-three were injured. The report for the preceding year shows that three thousand five hundred and fifty-four were killed and forty-five thousand nine hundred and seventy-seven injured. The papers assert that during the last year in England not a single passenger was killed by a railroad. This statement is incorrect, but the fact remains that railway travel in England, after making due allowance for different conditions, is far safer than in this country. I think I am safe in asserting that last year within a radius of two hundred and fifty miles of St. Louis not less than one hundred passengers were killed.

Within the past six or seven years in St. Louis there have been as many as seventy-five persons killed in one year by street-cars and from

thirty to fifty injured on an average a day, and yet no person has been punished. So far as I am informed, in the United States, last year, with all the dreadful slaughter by railroads, which I have recorded, not a single person was convicted of negligent homicide. The operator who goes to sleep at his post and runs two trains together, and the engineer and conductor who fail to read orders or fail to read them properly, seem to be held accountable by no person for the frightful loss of human life directly caused by their negligence. The railroad manager who works employes for twenty-four hours on a stretch seems to be highly respected, even though his slave-driving tactics result in a frightful loss of human life directly due to the inevitable exhaustion of the train hands.

These introductory remarks are made for the purpose of showing you how little human life is esteemed in this country, but the time is soon coming when a high measure of individual liability will be exacted of each person and criminal carelessness will be punished, not by a damage suit, but by a sentence to the penitentiary.

The two divisions of legal liability are civil and criminal, and I shall discuss each of them in turn.

The law exacts of every agent who receives remuneration for his services that he have reasonable skill and ordinary diligence, that he be possessed of the skill ordinarily possessed and employed by persons of common capacity engaged in the same employment, and that he shall exercise that degree of diligence for the best interests of his principal. He is, therefore, liable for any injury to his principal occasioned by want of ordinary skill or of ordinary diligence. While it is impossible, as I have stated, to find any cases on the subject of the legal liability of the trained nurse, still, I think that the rule applied to physicians and surgeons will in a modified measure apply to trained nurses. A physician is required by the law to have

First: A reasonable degree of knowledge, skill, and experience;

Second: To exercise ordinary care and diligence, and,

Third: To use his best judgment in all cases of doubt as to the best course of treatment.

A trained nurse will certainly be required to possess a reasonable degree of knowledge, skill, and experience, to exercise ordinary care and diligence, and, whenever she is compelled to use her own judgment, to use her best judgment.

There have been hundreds of cases filed against physicians for civil malpractice. One of the most common damage suits against them grows out of the improper setting of fractures or the failure to reduce a dislocation. While I have stated the ordinary rule in regard to a physi-

cian's liability, the courts do not exact the same degree of knowledge, skill, and care of a physician practising in the mountains of Kentucky or the wilds of Colorado as in the City of New York or Chicago. The rule, therefore, is modified to this extent:

Physicians are required to exercise only that degree of care and skill which physicians practising in similar localities ordinarily possess and exercise. Another modification of the rule is this: That a physician is required only to exercise that degree of care which is exacted by the school of medicine which he practises and which the advanced state of the profession at the time the services were rendered requires. In other words, the practice of the particular school governs and a homœopath is not required to follow the regular school, and *vice versa*.

As long ago, however, as 1848 the Supreme Court of Iowa said in a damage suit against a botanic physician:

"It is to be lamented that so many of our citizens are disposed to entrust health and life to novices and empirics, to new nostrums and new methods of treatment. But these are evils which the courts of justice possess no adequate power to remedy. Enlightened public opinion and judicious legislation may do much to discountenance quackery and advance medical science."

This prophetic hope has to some extent been realized in this country, and no physician sued for malpractice would care to rely upon the defence that his school was grossly ignorant of the laws of medicine and health. As a rule, the law requires a physician to follow the established practice, and a trained nurse in administering medicine or attending the patient would be required to conform to the established practice when there is no question as to what that practice is, and a failure to do so will be negligence. Neither a physician nor a trained nurse who undertakes a case would have the right to retire from it without any reason, and the reason inducing such withdrawal ought to be of the most imperative character. No light or frivolous reason would justify such conduct.

There is another point which both physicians and nurses sometimes lose sight of, and that is this: Gratuitous services are sometimes supposed by them to entail no liability. In other words, the charity patient must take what he can get and be duly thankful for it. A little reflection, however, will convince anyone that this is not the law and ought not to be. Whenever a physician or a nurse undertakes a case, it is his or her duty to render the best service in his or her power, and there can be no excuse, either moral or legal, for a less degree of care to a charity patient than to one who is able to pay and who does pay the highest charge ever made. Many a physician has found to his sorrow in a

damage suit that a charity patient has as high a claim upon him as a pay patient.

State or city hospitals, branches of the State or city government, and charity hospitals under private auspices are almost universally exempt from damage suits for malpractice of the physician practising therein. The physicians in such institutions are rarely ever sued for malpractice, because the difficulty of recovery would be very great. For that reason their sense of responsibility to their helpless patients ought to be the more acute. Purely experimental treatment under such conditions should be severely reprobated. The trained nurse in such an institution who becomes lax or careless, simply because she knows that not even a well-founded complaint against her will receive attention, soon strikes the toboggan slide of brutal inefficiency.

There is another point to which I wish to call your attention: A surgeon has no right to operate upon a patient without securing his consent, and a trained nurse has no right to assist in an operation when she knows that the patient has been put under the influence of an anæsthetic with the distinct promise on the part of the surgeon that he would not operate. There can be no question as to the liability of a nurse when she hears a surgeon promise a patient either that there will be no operation at all, or, at most, a minor operation, and then agrees with the surgeon before the patient is narcotized that she will assist in a major operation. She then becomes an active party to the deceit. Some surgeons think that they are justified in tricking a patient into an operation where in their opinion it is necessary to save life or to prevent very serious consequences. The law, however, does not justify such conduct.

Very recently, in Chicago, a judgment for three thousand dollars in a damage suit against a surgeon was affirmed on the ground that the evidence showed that the plaintiff had been told by the surgeon, before being put under the influence of the anæsthetic, that the operation was a minor one, and thereupon he performed a laparotomy. His defence was that her condition required the operation, but that there was no justification for his deceit.

A physician is required to make a correct diagnosis, if a physician of ordinary care and skill in similar localities would diagnose the case correctly. His failure to do so renders him liable.

It often happens that a patient is recalcitrant, and refuses to follow the instructions of a physician or a trained nurse. In such a case a patient injured by the failure to obey instructions is guilty of what the lawyers call contributory negligence, by which is meant that he is responsible for his own misfortune and therefore cannot recover. If a trained

nurse sees that a patient refuses to follow reasonable instructions, and that it is certain that the result will be serious injury, then the nurse upon notifying the physician and the family of this attitude would be justified in retiring from the case. A nurse should not remain in a position where she knows the patient will be seriously injured by his own obstinacy and expose herself to the claim that her carelessness caused this result.

It has been held that a physician is not liable for the results of carelessness of nurses when he exercised no control over them in the particular matter complained of, unless his own carelessness contributed to the injury. But it is certain that the courts would hold the nurses personally liable for such carelessness.

In concluding this branch of the lecture, namely, the civil liability of the trained nurse, the rule can be summarized as follows:

A trained nurse is required to possess ordinary skill and knowledge and to exercise ordinary care and diligence under all conditions, and when required to use her own judgment must use her best judgment.

The measure of liability as to physicians is becoming more and more strict all the time, and they have found it necessary to carry liability insurance to protect themselves from damage suits. The day may come when trained nurses will have to fortify themselves in the same way, but the point I want to urge upon you now is that your responsibility is individual, and that there is no excuse for careless, lazy, and slovenly work, either in law or in morals.

I will now pass to the second division of my lecture—the criminal liability of the trained nurse.

The criminal liability of the trained nurse can be best determined by the somewhat analogous liability of a physician.

In the English courts it has been held for a long time that if the ignorance or negligence of a physician is gross, then the criminal intent will be implied.

Chief-Justice Parker said in a famous English case:

"I call it acting wickedly when a man is grossly ignorant and yet affects to cure people, or who is grossly inattentive to their safety."

Mr. Justice Miller said in another English case:

"If a man knew that he was using medicine beyond his knowledge and was meddling with things above his reach, that was culpable rashness. Negligence might consist in using medicine in the use of which care is required and of the properties of which the person using them is ignorant."

A person who so takes a leap in the dark in the administering of medicine is guilty of gross negligence."

Under the English law physicians have frequently been prosecuted

for criminal carelessness and in a number of instances convicted. In England it has been held that where a physician gives poison, without knowledge or without taking pains to find out its effects, he will be guilty of manslaughter, if death results.

In England a physician was held criminally liable where corrosive sublimate was applied as a remedy for cancer, and in another case where the same drug was given as an emetic to remove mercury from the system. In England where a physician administered colchicum to a person laboring under a disease of the heart, which drug tends to weaken the heart's action, and death resulted, it was left to the jury to say whether or not the physician was guilty of manslaughter.

In England a chemist who put laudanum in a bottle labelled paregoric, which was given to a nine-year-old child and caused his death, was held guilty of manslaughter.

In England a surgeon has been held guilty of manslaughter who used dangerous instruments without proper skill and care and thereby caused death. Familiar instances of negligence on the part of the trained nurse are giving overdoses of medicine, or the wrong medicine, or failing to give medicine as prescribed, or failing to keep the bedside record, or falsifying it, or burning by too hot an application.

One of the English courts well said:

"It is not a crime to administer medicine, but it is a crime to administer it so carelessly and rashly as to produce death."

It will be seen from these English cases that the measure of criminal liability applied to a surgeon or physician is very strict. I think quacks, empirics, and ignoramuses ought to be run out of every learned profession.

The Chinese law, which subjects the president of a bank to capital punishment because one of the subordinates has embezzled its funds, is not without some justification. It may strike us, in this highly civilized nation, notwithstanding our reckless disregard for human life in some directions, as bloodthirsty, but I am inclined to believe that the law is in some aspects wholesome, because it makes the principal responsible for the act of the subordinate and prevents embezzlement and dishonesty. I do not wish to be understood as saying that a similar law ought to be enacted in this country, but I can well understand how, from the Chinese standpoint, the law could be well defended.

The criminal liability of physicians in this country was for many years a vanishing quantity. Anybody who tacked "M. D." after his name was allowed to kill without let or hindrance, and the people at large looked up to physicians with a kind of pious veneration, which the ignorance of many of the profession by no means justified.

Strange as it may seem, many persons in the early history of this country, who had a taste for medicine and thought themselves gifted with the power of healing, undertook to practise medicine without knowing the difference between an artery and a bone. They looked wise and slaughtered their patients with grave faces and then consoled the survivors by telling them that "human skill and diligence could avail nothing." If they had had the sense to let nature alone, it is certain that in many cases their patients would have recovered, but their reckless interference with natural processes oftentimes resulted in disaster.

The earliest case in this country in which a physician was prosecuted for negligent manslaughter was tried in Massachusetts, in 1809. His name was Doctor Samuel Thompson, founder of the Thompsonian system of medicine, sometimes called the botanical system, or steam system. He professed his ability to cure all fevers, whether black, gray, green, or yellow. He possessed several drugs which he used as medicine and to which he gave singular names; one he called "coffee;" another, "well-my-gristle," and another, "ramcats."

He undertook to attend a patient, and the report of the case indicates that the patient vomited himself to death by reason of the administering of these drugs. When the patient was in the throes of death, this learned disciple of *Æsculapius* remarked to the father that his son had got the hyge like the devil, but that his medicine would fetch him down, meaning, as the father thought, would compose him. The medicine fetched him down to a very early and untimely grave. Doctor Thompson, the founder of that great school of medicine, was prosecuted for murder, but the Supreme Court of Massachusetts held that a conviction could not be sustained.

The court said, commenting upon a universal phase of human nature which has existed in all ages:

"It is to be exceedingly lamented that the people are so easily persuaded to put confidence in these itinerant quacks and to entrust their lives to strangers without knowledge or experience. If this astonishing infatuation should continue and men are found to yield to the impudent pretensions of empiricism, there seems to be no adequate remedy by a criminal prosecution without the interference of the Legislature, if the quack, however weak and presumptuous, shall prescribe with honest intentions and expectations of relieving his patient."

Observe how different this is from the English rule already quoted, announced by Chief-Justice Parker in a case where a physician was prosecuted for manslaughter:

"I call it acting wickedly when a man is grossly ignorant and yet affects to cure people, or who is grossly inattentive to their safety."

Following the famous Massachusetts case just cited, the Supreme Court of Missouri held, in 1844, that a botanic physician who killed a patient by gross negligence could not be convicted, because there was nothing to show that he intended to kill the patient.

The Supreme Court of Iowa also followed the Supreme Courts of Massachusetts and Missouri in declaring that wilful intention to do wrong must be shown before a physician, no matter how ignorant, could be convicted of manslaughter, where the patient dies as a result of bad treatment.

In 1884, in the case of *Commonwealth v. Pierce*, the Supreme Court of Massachusetts practically repudiated the doctrine of the Thompson case and affirmed a conviction of manslaughter where the defendant, a physician, was prosecuted for negligent homicide. He had the patient wrapped for three days in flannels saturated with kerosene, from which her flesh became so burned and blistered as to cause death. The defence was that he did not intend to injure the patient. The court refused to follow the Thompson case and adopted the far stricter English rule of criminal liability. This decision, rendered by Judge Oliver Wendell Holmes, now a distinguished justice of the United States Supreme Court, is sound in law and establishes a proper standard of professional responsibility.

It will perhaps interest you to know that the Supreme Court of Missouri, on March 15, 1905, in a civil case, held that an osteopath who undertook to treat a child for a partial dislocation of the hip, but really suffering from hip disease, and thereby caused a shortening of the leg and curvature of the spine, was liable for damages. In this case it appears that Dr. Charles E. Still, of the A. T. Still Osteopathic Infirmary at Kirksville, treated the child by the osteopathic method. The child no doubt would always have had some trouble because of the hip disease, but the Supreme Court held that she was not only entitled to proper treatment, but also entitled to a proper diagnosis, because ordinary professional care and skill would have shown the presence of hip disease. Dr. Still diagnosed the case as a partial dislocation of the hip and treated it on that theory. The declaration of civil liability in this case is a long step towards the declaration of criminal liability when the proper case arises.

I do not know whether the osteopath who professes to cure every ill to which flesh is heir by bone manipulation, or the Christian Scientist who professes to achieve the same result without any treatment whatever, is to be the most condemned.

The day will come, and come very soon, when a Christian Scientist who allows his child to die of diphtheria without medical treatment, or

to have a crooked leg or arm for life because a fracture has not been set, will not only be prosecuted, but convicted. Physicians are now held to quite a high measure of criminal accountability in some States in the United States, and there is a disposition in a number of the States to follow the English doctrine and to hold a physician criminally liable for negligent manslaughter who is grossly careless or grossly ignorant.

It is rather curious that the Supreme Court of Arkansas, in 1882, first adopted the English doctrine.

In nearly all the States in this country there is now a State Medical Examining Board which is presumed to exclude from the profession the densely ignorant aspirants for medical or surgical honors. No doubt, in twenty years from now the professional standard among physicians will be raised, but it will take some time to eliminate from the profession, by death, retirement, and damage suits, those persons who were admitted prior to the time when the State Examining Board was instituted.

I recall that a few years ago there was a medical college in one of the cities of the United States, and I believe several, in the same city, which agreed to graduate a student as a complete physician and surgeon within five months, provided, of course, he paid his tuition fees. His diploma was simply a receipt for so much money and a certificate of dense ignorance of the subjects in which he was supposed to have graduated. The country was flooded with physicians of that character, especially in those States where the requirements for admission were very lax.

Such physicians ought to be driven out of the profession by a rigid civil as well as a rigid criminal liability for their professional negligence.

It is only a question of a few years until trained nurses will be examined by a State Examining Board and regularly licensed to practice, just as lawyers and physicians are now licensed in most of the States. In various States they are now making an effort to secure State registration, which will tend to fix their legal status and to eliminate the unfit.

I deem it my duty to call attention to one very alarming national question—race suicide—which has recently been discussed vigorously by President Roosevelt and Ex-President Cleveland. The evil none can deny, and its overshadowing importance is admitted by all sociologists. In this city and in every large city of the United States and Europe, and in many small ones, there are physicians and midwives who destroy life at its very source—the crime against which Edmund Burke thundered so eloquently in his famous impeachment of Warren Hastings—for the sole purpose of relieving the woman of the cares of maternity. In the commission of this infamous crime, which ought to be punished by death, if any crime deserves that penalty, they are often assisted—God save the mark!—by trained nurses. The country should welcome the day

when both the physician and the nurse who assists are properly punished for this crime of crimes, and that day, in my opinion, is not far distant.

In conclusion, the following point should be emphasized: If a physician undertakes to commit a criminal act, as, for instance, an abortion (when not required to save the life of the mother), or is criminally careless in a matter as to which a trained nurse must know better, and the nurse either deliberately aids in the criminal act or is guilty of the same criminal carelessness, both are equally liable. The nurse cannot shield herself behind the ignorance or carelessness of the physician, when the ignorance or carelessness is so gross that even a nurse of ordinary care and skill ought to know better. I urge you not to think that blind obedience to a physician, who, you know or should know, is doing wrong, will exonerate you from liability. Under such circumstances you must be more than a mere automaton. The physician is not infallible. The safest plan is to decline to nurse for a physician in whom you have no confidence, or who practices a school of medicine in which you do not and cannot believe. You are, as a rule, under no obligation to take any particular case, and certainly not required to nurse for a physician whose treatment you know to be improper.

Remember that you must always maintain a high ethical and moral standard, and, if you do, you may be sure that you will never become involved in either civil or criminal liability. Do not develop the itching palm, and think that your success is measured by the amount which you earn. In no calling will the dollar standard produce the best results. We have high authority for the statement, "A man's life consisteth not in the abundance of the things which he possesseth."

Your profession is a noble one, and should never be prostituted to unworthy objects. It is your mission to be a source of help and comfort to the living and of consolation to the dying. In the best sense of the term you can be an angel of mercy, and, therefore, you should steadfastly maintain high ideals in all the trials of life. Your calling, I repeat, is a high and holy one, and you should be justly proud of it. Remember that contempt for a calling begets inferior work, and speedily brings its own punishment.

Think of Florence Nightingale, the heroine of the English-speaking race, whose devotion to duty as a volunteer nurse during the Crimean War carved out for her a high niche in the temple of fame. The centennial of her departure to the Crimea was celebrated recently in London with appropriate ceremonies, and certainly no private individual ever elicited such universal expressions of love and good-will as those bestowed on that occasion upon the heroic nurse.

Think of the devoted women who nursed the soldiers in improvised hospitals during the Civil War in this country, and without reward, except the consciousness of duty nobly done, risked their lives to alleviate suffering.

Think of the nurses who volunteered to go to the cities of Memphis and New Orleans, in 1878 and 1879, when those cities were stricken with yellow-fever epidemics, and when at times there were not enough living and well to bury the dead. The scenes of the great London plague were then duplicated, and yet into hovels where oftentimes both the dead and the dying lay, these noble women carried their ministrations of love.

Again, in the narrow circle of this institution, think of the devoted nurses who, during the great cyclone of 1896 in this city, clung to their patients when the hospital walls were falling.

Instances of self-sacrificing devotion on the part of trained and volunteer nurses might be multiplied, but these are enough to afford inspiration to any nurse who takes a serious view of the honor, dignity, and opportunities of her profession.

Be careful, be diligent, be upright, be honorable, be earnest, be loyal, be conscientious in all your professional relations, and use reasonable skill, and you need have no fear of the result.

INGENUITY AND PRIVATE NURSING

BY ANNA H. ROSS

Philadelphia

LORD NELSON's famous motto, "England expects every man to do his duty," has since become a watchword on many occasions. Success in any profession depends always upon some such interpretation of *noblesse oblige*. A similar rendering will express very well the relative positions of the councils of nurses to the individual nurse. The body politic achieves registration and matters of major importance all for the benefit of each individual nurse in private practice. She in her turn should be keenly alive to all the advantages she gains thereby.

The life of the private nurse is at best a trying one, in spite of the heavy fees she is supposed to draw, so we are willing to allow her every margin in the matter of criticism. Nevertheless, she does not live up to her best when she takes but an indifferent interest in the life and work of her fellows. Constantly we hear accounts of the inventions and adaptations of hospital nurses; but how seldom does anything come

from the large experience of the private nurse, whose invention must be constantly taxed to cope with unheard-of difficulties?

If some persuasive genius would arise who could elicit an account of some of the experiences of nurses in private practice there would be some interesting and instructive reading for the rising generation of nurses. And how grateful young nurses and even doctors would be to have some precedents for their direction.

The day of small things is not to be despised in nursing, since it is essentially the details that count. Nothing is too small to note for the benefit of the next generation of nurses. Accustomed to modern hospital appliances, a nurse may find herself handicapped, and should not wish to put the family to the expense of getting things that will be useless afterwards. She must exercise all her ingenuity if she have not some precedents by which to be guided. Otherwise she will be in much the same position as a woman accustomed to all the luxuries of wealth left to wait upon herself.

Many things that seem small and foolish are very practical. For instance, if hot-water bottles are missing or few in number, stone beer-bottles make excellent substitutes, also bricks or smoothing-irons. One modern doctor always insists on applying heat to the abdomen by a plate, preferably of the heavy stoneware variety.

A good substitute for a fountain syringe may be made of a funnel and a piece of rubber tubing. A stomach-tube may be made of moderately soft tubing and a glass or metal funnel. Many nurses are no doubt familiar with the method of improvising Leiter's coils. Several feet of rubber tubing may be procured at any drugstore; then, allowing about two feet or more to reach the ice-water, the remaining tubing may be coiled closely to within a foot of the end, the coils being kept in place by weaving a bandage, basket fashion, about the tubing in two or three places. The air is then exhausted by piston syringe or by stripping the tube, or where this cannot be done the siphon may be started by drawing the water through the mouth.

A cradle for keeping clothing from the body in fever and fracture cases may be improvised from barrel-hoops cut in half and fastened together with laths. A bonnet-box with opening cut in one side makes a very good support for clothing over a fractured ankle or injured foot.

Other problems for the private nurse are the difficulties attending the preparation of diet in apartment and lodging houses, but a little thought and ingenuity with a small gas-burner may accomplish wonders. Egg and milk dishes may always be prepared in limited space without danger of odors. One nurse prepares a very simple and delicious steamed custard by mixing thoroughly one egg, a cup of milk, nutmeg or

vanilla flavoring, and one tablespoonful of sugar. The mixture is then poured into a pint mason-jar with loose cover and set in a saucepan of cold water over a gas-burner for thirty to forty minutes or until the custard begins to thicken.

With a mania for adapting and inventing there is a possibility that the private nurse will grow dissatisfied with more modern, up-to-date appliances, but the danger is not great, since there is room and need for both.

THE DISTRICT NURSE IN COÖPERATIVE WORK*

BY MARIE R. JAMMÉ

Graduate of the Johns Hopkins School for Nurses

To discuss the district nurse in coöperative work is to approach a subject offering so many possibilities that it is difficult to determine just where to set one's limitations.

Her position in the field of charitable endeavor is peculiarly her own. For the nature of the work has in it a double relationship—that which is purely professional in its relation to acute disease, and that which is social through its constructive and preventive work.

Just how this position can be used for mutual helpfulness is to-day a vital problem. In the past few years organized district nursing has developed rapidly and along several lines. There are in different parts of the country independent organizations, district nurses working in connection with City Health Departments in the public schools under the Board of Education, and as special departments of Charity Organization Societies. The latter method is the one followed in Minneapolis, therefore I can speak with more assurance of that than of any other. The work there is a separate department of the Associated Charities and is under the direction of the Committee on District Nursing. The committee, composed entirely of women, is responsible for raising the necessary funds and for the general direction of the work. There are three nurses in the field, one of whom devotes all her time to tuberculous patients under the general direction of the Anti-Tuberculosis Committee of the Associated Charities. This plan of work has been found better adapted to the needs of Minneapolis than an independent organization. Naturally there has existed from the first the closest coöperation between the Associated Charities and the district nurses, and as the work grows

* Read at the Conference of Corrections and Charities, Portland, July, 1905.

and becomes better known the coöperation with other organizations is most encouraging.

Generally speaking, it would seem that the particular form of organization is a matter of minor importance. The most essential thing is to have it adaptable to the particular needs of the community, and the more vital question is, what shall be the nurses' relation of helpfulness to fellow-workers who are looking at the same problem with just as much interest, if from an entirely different standpoint of view.

The gauge of a nurse's work in the eyes of the medical profession is usually in the technical application of her calling. From the standpoint of organized charity, however, we have come to believe that the influence of the work on the social side, plus professional skill, is the important factor.

A district nurse enters the home with somewhat of an advantage over the ordinary social worker. She frequently comes at a time when sickness has had more or less of a subduing influence. The kind of service she offers has a tendency to establish immediate confidence. It also creates a sense of dependence which gives an unusual opportunity to get at the hidden springs of family life. In addition to this, her training should render her alive to conditions which might escape the social worker—conditions on the physical side of the problem which would have strong bearing upon the social.

This is undoubtedly so, as we come more and more to realize that medical treatment is often the foundation-stone in social uplifting. In many homes there is no actual disease, only a pitiful degree of moral and physical apathy, due largely to unsanitary housing, insufficient food, and a discouraging struggle for livelihood.

In these homes the nurse will probably encounter more than one worker. The charity agent may be there, regarding the family from the standpoint of adjustment and relief; the settlement worker, as harboring future citizens; the rental agent, as unprofitable tenants, or the Probation Officer, as subjects for watchfulness.

To them the family is largely a social problem. With the visit of the nurse it may still remain a social problem, but becomes possessed of a large medical element. Some slight physical ailment may be at the root of the father's apathy; the mother may be shiftless because she is too weak to be otherwise, or it may be that the boy or girl is a constant truant because of some visional disturbance that makes school-life unbearable. The uplifting of that family then becomes a question of physical cure and prevention, without which the work of the charity agent and others would fail in its ultimate purpose.

It is this preventive element in district nursing which offers a

chance for general helpfulness. The acutely sick will always require the immediate attention of the nurse upon the work. To extend the benefits of their care to an entire family with a view to building up healthy bodies, to know just when and where to apply the ounce of prevention which will save the future pound of cure, is to give to district nursing the dignity of broad aims and to greatly increase its utility.

With this extended point of view will naturally come greater responsibility, and the question arises, does the nurse entering the work require special qualifications, and is her general training a sufficient guarantee of success?

In the June number of *THE AMERICAN JOURNAL OF NURSING* we have a very interesting letter from Mr. John Glenn, of Baltimore, in which he lays before us a condition in social service generally which has a strong bearing upon this question. It is, as he states it, "The failure on the part of workers to see the whole social point of view, to consider the relationship of a family to the community, and the effect of example on other families in the neighborhood; that persons who have had special training in special lines do not understand what a thorough investigation of conditions means; that in the case of district nurses, they come to the work when they have not been long out of the training-school; they have had a fine training, and are full of splendid enthusiasm, but have had little experience in the world. They have not studied the aims and the methods of others, so that when they step out of their own professional sphere their efforts to relieve often give a setback to the efforts of others who have had longer experience." Following up this thought, he adds, "Nurses should be taught to understand what thorough investigation means, its scope and its value, that they might give as much support and sympathy as they can to trained workers."

There is probably among district nurses an intelligent appreciation of this condition as Mr. Glenn reviews it. Just how to provide a remedy that can be made uniform throughout is a matter for liberal discussion.

If we accept the broad and liberal interpretation of district nursing, it would seem that the successful nurse should possess a high standard of qualification. She would need to be a woman broad in education and experience, with a power of observation elastic enough to cover the question as a whole, and possessing a spirit of liberal compromise. The nature of the work will often carry her into the field of other workers, where she will require clear judgment and discernment to keep the line well defined between her work and theirs. She cannot afford to overstep it, for experience proves to us again and again that when a district nurse carries material relief or institutes regular investigations, her influence

in that particular family is greatly hampered. It is difficult to define just where the loss is. It is a something almost intangible, but it becomes keenly apparent to the thoughtful nurse. When the family fully understands that as a nurse she has nothing to give except her professional skill and womanly sympathy, they quickly learn to accept her at her own valuation without question of further gain.

To stand in this near relation to all branches of social work without intruding upon or compromising her own high standard must necessitate, as Mr. Glenn points out, some knowledge of the work as a whole.

Up to this time there has been no definite plan by which nurses could obtain a broad insight into philanthropic aims and methods. What knowledge we possess has been acquired through hard experience and in the few odd hours snatched from a crowded round of duties, and it has proven very inadequate.

If district nursing is to assume the dignity of a specialty, could not a certain amount of preliminary social training be required? The suggestion is not a new one; it has been made by our leaders in nursing at some of the recent noted meetings, but made in connection with the plan for a centralized training-school, a plan that will take a long time to mature. In the meantime our own individual need is pressing. It behooves us to meet this need that we may keep abreast with our fellow-workers, who are putting forth every effort to meet it on their side.

It does not seem possible to add any more to the curriculum of a general training-school, and, moreover, a nurse usually has no definite idea while in training as to the particular line of work she wishes to follow.

There are, however, a number of sources of instruction open to us which could be used for preliminary work. Schools of philanthropy, correspondence courses, volunteer service in charity organization societies and in settlements, all offer methods of obtaining training.

A preliminary training of this sort would have the advantage of starting a nurse in with at least a substantial theoretical knowledge of what social service involves, and would tend to inspire a still higher appreciation of district nursing and to encourage nurses to stay in the work for longer periods.

With this broader knowledge an established principle district nurses will be more than ever in a position to ask of coworkers an equal degree of understanding, not of her professional methods as such, but a realization that her work has both a medical and social aspect, that she has definite methods of work, and that her usefulness covers a wide field.

Coöperation is, after all, a matter of understanding. There is an abundance of good-will and earnestness. If we can add to these essen-

tial qualities a comprehensive knowledge of one another's methods, there will grow up among us that unity of action which is the strength of all work.

OUR DUTY IN SMALL THINGS*

By ALICE LUCAS

SAINY GAMP, with her ignorance, volubility, and bibulous proclivities, is a thing of the past. She was but a type of the old-time nurse who adopted the calling as a makeshift, having tried her hand at everything else and failed. Following closely upon her heels, in the days of our grandmothers, we see the care of the sick relegated to some old woman long since past her usefulness in other spheres. Later, if there happened to be a maiden aunt or indigent relative in the family, they were called upon to perform the offices of nurse, although oftentimes they knew no more of nursing than of Sanscrit. If none of these individuals could be procured, the poor unfortunate was confided to the tender mercies (?) of a hired attendant, generally a woman of the lower class, with no education and less common-sense, who generally looked out for her own comfort rather than that of her patient. But the day was fast drawing near when better times were at hand; and although it took the mighty struggle and agony of the Crimean War to bring before the public the large-hearted sympathy and heroic endeavors of Florence Nightingale, yet it establishes forever among the nations of the civilized world that important adjunct to modern existence—the *trained nurse*.

Glancing back over a period of some forty years, we recall to mind the illiterate, immoral, and intemperate—in fact, thoroughly incompetent in every way—woman who stood in place of our trained nurses of to-day. In contrast we have women of large intelligence, thoroughly trained faculties, and purity of life. Women were found who would subject themselves to strict discipline, severe physical and mental labor, the oftentimes uncongenial duties, that they might gain through experience that knowledge that would enable them to become the faithful and competent assistants of the physicians, with whom they must work shoulder to shoulder in their labor of love to uplift and relieve suffering humanity. As the years have passed, the standard of the profession has been constantly advancing. While it is charged against us that many enter it from a love of romanticism, the hope of financial reward, or the

* Read at the Graduate Nurses' Association, Springfield, Mass., December, 1904.

desire to be professional, yet I trust that by far the largest majority go forth into this life with its onerous duties and self-sacrifice with a thoughtful consideration of all the responsibilities that such an undertaking involves.

We cannot all be Florence Nightingales; we cannot all go when the summons of the war-trumpet shall sound through the land; the most of our names will never be recorded upon the Roll of Fame, and may never be known outside of our own little world, but we can each in our own place prove faithful to our duty and the great truths that we represent, and when the Book of Life is unrolled, may we not hope to find our names there because "Inasmuch as ye did it unto one of the least of these, ye have done it unto me."

So much has been said and written in regard to what a nurse of the present day should or should not be that little more remains to be said; yet we all have our own ideals and standards of character, and it remains, after all, for each nurse to make her particular work individual—to infuse into it something of her own personality—that it may be distinctly her own. Just so much of success will we gain according to the amount of ourselves we put into it. The Old Masters of art and sculpture are dead, yet their works shall remain for all time as models of the beautiful, because in each the individuality of the maker still lives. They put forth the best that was in them, and behold, the cold marble, the silent canvas, speaks to us, who may take their example and model our work by putting something of the best we have to give into each one. Our own courage, versatility, and ability, as well as our professional skill, stand for us at every turn to create confidence in our patients and to lay the foundation for usefulness and power in their lives. The more of true womanliness, feminine grace and charm, that we can throw into our work, the more opportunity to do good and to uphold the honor of the profession and maintain it before the world shall we have. If we have foresight, quickness to divine the right, intuitive adaptation of means to ends, it will mean all the difference between success and failure, and the meanest individual with whom we come in contact will feel and recognize it. Our highest work as nurses is not simply to use the technical skill we have acquired, but to so influence the lives of our patients as to inspire or aid them to a better and higher existence. The healing of the body may prove but the channel through which we may reach that which is infinitely greater—the spirit. We are dealing with great issues—those of life and death,—and the greater the responsibilities involved the more we must look to it that our profession be respected and exalted.

The fact that many of us lead itinerant lives predisposes to a spirit

of restlessness and unhappiness. Happiness is, after all, but the adjustment of the individual needs to the eternal laws—may we not all have it *within ourselves*?

To all strong natures must come criticism of our conduct, our methods of work, our life. To meet and overcome these one by one, in the true spirit, will only develop and build character, and, after all, no matter what our profession, this is the great aim we are all striving for—a life that has helped some other bear the heat and burden of the day. It is ours to be "great or little by our own wills."

"If through long,
Fronse years we do not tire,
Can in small things be tried and true—
This is to live as heroes do."

ANCON HOSPITAL, PANAMA

By THE NURSING STAFF

In 1898 there was a feeling of great indignation among women in general, and nurses in particular, because the United States Government was tardy in recognizing the worth of the woman nurse at the front. That it has learned her value has been well illustrated by the fact that in the original scheme of organization framed by the late Isthmian Canal Commission a chief nurse and two assistants were appointed, assigned to duty, and sent down to Panama at the same time as the Chief Engineer, Mr. Wallace, and Chief Sanitary Officer, Colonel W. C. Gorgas.

It now remains with the nurses of America to prove whether, having gained this recognition, they are sufficiently patriotic, when their services are needed, to run the few risks and put up with the slight inconveniences inseparable from pioneer work in a foreign country.

It is a well-known fact that England's best nurses are to be found in her army and government service, as only those of refinement and capabilities above the average are admitted to what *(s)* by them considered the most honorable posts in their profession.

There have been so many erroneous and exaggerated statements made regarding the conditions in the hospitals of Panama and the status of the nurses employed there that we, the nurses of Ancon, feel it incumbent upon us to refute these charges, not only because we know that they are keeping nurses of good standing from joining us, but also

because we feel that the unjust insinuations brought against the hospitals and the provisions made therein for the nurses reflect discreditably on those who have expended much labor and thought in the endeavor to make our position here comfortable and our lives enjoyable.

The hospital is not, of course, quite so thoroughly equipped as some of the larger ones in the United States, but many of us who have seen numerous hospitals both at home and abroad agree in stating that Ancon is in some respects not inferior even to the American ones, and that its site is unequalled. At times when we are rushed we are often momentarily provoked at missing various little accessories that make the work easier in the hospitals at home, but, as Mr. "Commissioner" aptly said, "It is a long way from Panama to Broadway," and who could expect, or even wish, to have everything just the same as at home? Those of us who come here with the intention of making the best of things feel that we are gaining a valuable experience in managing and improvising, and, as a rule, think that there is just enough roughing it to add a certain zest to the work.

The statement made recently in one of the New York papers, "That the home conditions provided for the nurses were deteriorating rather than improving is utterly false; the conditions have from the first been steadily improving, and now a new building which will provide all that could be asked for in the way of comfort, and more than could be imagined in the beauty of situation, is well under way. As for the wild tales of the risk nurses run from malaria, yellow fever, etc., statistics prove the contrary. There has been but one case of serious illness among the nurses since they first came here, now more than a year ago. The few who seemed predisposed to attacks of malaria and with whom the climate did not agree were, upon their application for discharge, immediately allowed to return home.

Another statement that has aroused our indignation is that "The only nurses who come here were those who were tired of private duty and desired a change, but that no nurse who could get work elsewhere would return after her vacation." There are among us many who left good hospital positions in the United States because the memory of previous work in the tropics, with its free, out-door life, and the subtle fascination of the lands of palms and glorious moonlights, were too strong to allow us to remain content in a country less favored in these respects. Many did come, it is true, for the former reason, and of those *all* who did efficient work have in the main enjoyed the change, even though four or five have elected not to stay longer than the time required to accomplish the satisfactory term of service. The majority of these, however, have left with the option of returning at any time within a year.

As for the climate, it may be very bad in the interior of the Isthmus, but in Ancon—well! the nurses who have returned from their vacations in the United States and in Canada declare that they are glad to get back to a land where it is not always either too hot or too cold, for though it is hot here in the middle of the day, the mornings and evenings are delightful.

The complaint of "the dearth of mental recreation" is also exaggerated, for as the P. R. R. SS. Co. carries parcels free of charge for the I. C. C. employes, it costs no more to purchase books while here than at home. "No riding or driving" was another report; well, the horses are certainly inferior to those to be had in New York, but their hire costs just one-fifth the amount. "No place to ride;" there are several rides of incomparable beauty, as anyone would agree who had ridden, on a moonlight night, along the hard, white sand that forms the beach of Panama Bay. Frank Carpenter in his article on "The Hospitals of Panama," published in the *Boston Sunday Globe*, April 16, has given a very true description of the beauties of Ancon—beauties which even those who have been here a year still enjoy, finding in them sufficient compensation (even were there no others) for the few things that we may miss during our year—or, rather, ten months—in Panama. Other compensations are eight hours' duty, a week's rest at Taboga, a beautiful island in the Pacific Ocean, at the completion of four months' service, six weeks' vacation at the end of eight months, with many interesting places in which to spend them if one does not wish to go home, and, lastly, as the chief nurse refuses to have women here who are not likely to maintain the dignity of their profession, there is perfect liberty to come and go, when off duty, untrammelled by rules and regulations.

This sketch is based on the experience of the past year. The future may hold other and more serious experiences for us, but whatever they may be, we look forward with interest and hope to be able to perform our duty, in connection with this stupendous work of the twentieth century, with faithfulness to, and confidence in, the powers that be.



BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



A REFERENCE HAND-BOOK FOR NURSES. By Amanda K. Beck, graduate of the Illinois Training-School for Nurses. 32mo, 150 pages. Philadelphia and London: W. B. Saunders. Bound in flexible morocco, \$1.50 net.

Miss Beck's little book will find many friends, no doubt, if only for the neat and stylish appearance it presents, but we doubt whether the increase of such books is desirable. The notes of a probationer, however valuable to herself during probation, should not command much attention once the probationary stage is past. Some of the notes, too, seem of doubtful origin. Was there ever a nurse in training called upon to make and apply the onion poultice of page 47? What dreams of a beefsteak dinner the patient would have! There is implied the notion that nurses in the West are not confined by the limits of their own profession, as they are in New York. For instance, page 41, "Miscellaneous Formula," begins with a certain "Semmola's Mixture" "*to eliminate the kidneys.*" Nurses have been severely censured in New York for so much as dressing an old ulcer of the leg without direction and prescription, and this is a small matter when compared with interference with so important a function as that of the kidneys.

There is room for more books than we have on nursing subjects written by nurses, but it seems a waste of good ability and of time and money to increase the reproduction of these sketchy little memory helps, which take up a multitude of subjects and lay them down like labelled parcels of which we see only the outside.

A HAND-BOOK OF NURSING. Published under the direction of the Connecticut Training-School for Nurses connected with the General Hospital Society, New Haven, Conn. London and Philadelphia: J. B. Lippincott Company.

The revision of the New Haven Hand-Book of Nursing after twenty-seven years must be regarded as a questionable enterprise, and one that violates the Biblical injunction against mending old garments with new cloth and putting new wine into old bottles. Not that there is enough of the new wine to be very dangerous; there is hardly as much new in the

revised edition as could justify its anonymous appearance. We are not told who is answerable for the new edition, but it is a fact in the history of nursing that the original author has been dead for years. Turning over the leaves of this *omnium gatherum*, this once highly prized scrap-book of general nursing information as it now appears to us, one wonders if there is any justification for any "Hand-Book of Nursing." Where is the training-school to-day that allows or expects a pupil nurse to practise any but the direct teaching and demonstration of her superiors? The day of the hand-book was also the day of the superintendent of manifold offices—the superintendent who added to all her other duties that of teaching one hour per week, and in the course of two years covering the entire curriculum. Those superintendents were wonders for us to marvel at, and we remember them with love and reverence and give them due credit for the pioneer work that made it possible for the superintendent of to-day to be what she is; yet no one dreams so foolishly as to think that the old order could fill the place of the new. The old hand-book too has had its day, but however ready we may be to acknowledge our indebtedness to it in the past, we venture to predict a cool reception, or at best one of sentimental retrospection, for the revised New Haven Hand-Book.

BACTERIOLOGY AND SURGICAL TECHNIC FOR NURSES. By Emily A. Stoney, superintendent of the Training-School for Nurses, St. Anthony's Hospital, Rock Island, Ill., author of "Practical Points in Nursing" and "Practical Materia Medica for Nurses." Second edition. Thoroughly revised and enlarged by F. R. Griffith, M.D. (University of Pennsylvania), of New York. Philadelphia: W. B. Saunders.

Miss Stoney's book, which has been known for some years past, appears in its new and enlarged edition as the stepchild of Dr. Griffith. Did Miss Stoney appoint a literary executor? or is this another instance of the superior talent of the masculine mind for seeing a chance and grasping it?



FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



THE SELECT COMMITTEE'S REPORT

THE joy and satisfaction of all those who have worked for legal status may be imagined when we hear that the Select Committee has reported favorably to Parliament. The full report, which appeared in the *British Journal of Nursing* of August 5, is too long to give in full, but the main point is that the committee "are agreed that it is desirable that a register of nurses should be kept by a Central Body appointed by the State, and that, while it is not desirable to prohibit unregistered persons from nursing for gain, no person should be entitled to assume the designation of 'Registered Nurse' whose name is not upon the register."

It is recommended that the Central Body should be set up by act of Parliament, and that its constitution should be defined in the act; that the Central Body should consist of matrons, nurses, representatives of the medical profession, training-schools, and the public; that it should not be too large—eleven suggested as a convenient number, or not more than fifteen; that the Central Body shall decide what constitutes a recognised training-school, and that the minimum period of training be left to its discretion; that the Central Body shall inspect, but that examinations shall be left to the schools; that there should be an annual publication of the register.

The long struggle over the "two standards" of nurse ends in a clause, evidently a compromise, which says that it should be the duty of the Central Body to advise the Privy Council four years or so after the passing of any act for registration as to whether it would be advisable to institute a separate register for nurses of a lower standard. Remembering the persistency with which a double standard was urged in some quarters, this compromise seems very canny and clever.

The report also recommends the registering of private hospitals or nursing homes under county or borough authorities. This is a reform which America needs to imitate.

The Select Committee had some more strong testimony towards the close, notably that of Lady Helen Munro Ferguson, who has been from the beginning a most valuable and effective ally, and who has done more for the cause than any other laywoman except Miss Louisa Stevenson. She writes and speaks with ability and with unfailing intelligence and complete understanding of the subject. Moreover, her support of the

nurses' cause is quite free from the touch of patronage which spoils many well-meant lay efforts. An excellent point that she made was that it was more to the public interest to have all training-schools conform to a definite standard than to have a few superlative institutions. Physicians again came out strong, advocating compulsory registration rather than the present muddle, and a member of the Parish Council of Glasgow said the same thing. Sir Henry Burdett wound up the proceedings with a long tale, in which, sad to say, with our usual density we could make out no meaning whatever.

The Board of Trade scheme has been shelved,—in other words, “put aside until bills before Parliament have been disposed of,”—and the benevolent bankers must feel secretly relieved.

THE REVOLUTION IN FRENCH HOSPITALS

(Concluded from page 698)

WHILE the French authorities were struggling unsuccessfully with their problem of training nurses, the women so long and so sorely needed began contributing their share by preparing object-lessons for the eyes of the hospital directors and physicians. Dr. Anna Hamilton, who is half English and half French, having studied medicine, first gained distinction by a thesis, in which she dealt in so striking and impressive a way with the subject of hospital nursing that her hearers, who at first had expected to pooh! pooh! so unworthy a theme, accorded her spontaneous admiration and recognition for having opened their eyes to a subject to which they had never before given a thought.

For more than ten years Dr. Hamilton has been in charge of the Protestant hospital at Bordeaux, where she has introduced English methods of training and has evolved an admirable training-school, described in a former number of the JOURNAL in an illustrated article. I did not get to Bordeaux, which I regret, for I would much like to have seen this school, the first one in France to have a home for the nurses, thoroughly graded practical work with teaching, a definite course, and with only educated gentlewomen as pupils. The only suggestion of the smoke and din of earlier battles is shown in this school taking only “Protestant” pupils—at least, this was for a time the case. I do not know positively that this stipulation still exists. Besides her admirable school, which has steadily presented an object-lesson and which has trained women who are now in their turn beginning to go out to do reform work in other hospitals, Dr. Hamilton has been a vigorous and stirring writer on nursing education and systems. In collaboration with

Dr. Felix Regnault she has written an admirable history of nursing, and she has written reports, articles, and criticisms in which the academic methods of the French authorities in their plans for teaching nurses have been truly slashed and incised with the unerring and unsparring knife of the surgeon. One must think that they have sometimes squirmed under the process, but no doubt it has done them good. Well for her that she is a physician and not a nurse! It gives her the right to say what she pleases.

Then in Paris another group of women have established a second object-lesson right under the eyes of the "Assistance publique" of Paris, and they have taken care that the "Assistance publique" in the person of its chief directors should come to see it, and they have done so with results that cannot help but be most beneficial to the great city hospitals of Paris. This little model of a training-school—truly at present a tiny plant—I went to see, and it seemed to me one of the sweetest and most hopeful foundations possible to think of—like an oasis in the desert after traversing the great, dreary barracks of public hospitals. It is situated in the Rue Amyot and is under the presidency of Madame Alphen-Salvador, who was present at the Berlin Congress, and who typifies the best spirit of modern liberal humanitarianism without a shade of personal or religious prejudice. As a laywoman, debarred from criticism of professional methods, she has adopted the weapons of persuasion and demonstration only. The Training-School, in which the pupils live, is a charming spot, most simple and unpretentious, but refined and secluded, with a large study and class-room and an atmosphere of culture. More charming young women I have never seen. There is, indeed, in the "French grace" something peculiarly French and indescribable. The two little private hospitals where the pupils work are very tiny, but they will grow, and the plans and outlook of the founders are large and ample. It was well for this school to begin, if even it had begun with nothing, for the ideal and the stimulus are there. All that it wants is to grow a little larger and stronger (it is still very young) and affiliate with some one or two of the big hospitals. This would make a perfect whole. At present the big Paris hospitals have no nurses' homes or fitting quarters, and are unable to attract refined and educated young women. The school has the home and the garden and the study and the personalities who are able to attract the most desirable type of young womanhood.

Another thing that is working favorably for the French hospitals is the increased friendliness of relations with England. One of Dr. Hamilton's best pupils, Miss Elston, had her training at the London hospital and then went back, and has now been placed in full charge

of the nursing in the Civil Hospital at Tondou, a hospital of one hundred and twenty beds. She has established a training-school there. Then some little time ago a deputation of French physicians went to London to inspect the hospitals, and they seem to have been more impressed with the nursing than anything else. Well may they have been so, indeed, and to go from the wards of Paris to those of London is to get the most striking contrast in the world, for of all big hospitals those of Paris are the dreariest, barest, and most unhomelike, and those of London the most cheerful, homelike, cosy, and comfortable. Then, "no hospital smell." The French doctors went home and wrote glowing eulogies of the English nurses, and said, plainly, "Why cannot we have the same kind?"

Within the past year Miss Edla Wortabel, an English nurse, has been called to Bordeaux and Paris to direct and advise in reorganizing movements. Her descriptions of the now changing conditions are rich and racy and should be read by everyone interested in nursing history. They are published in the *British Journal*, and if our space allows, some parts of them at least may be reproduced here.

(The End.)

THE DUTCH NURSING JOURNALS

THE language of Holland having responded to our overtures and proving not so very impossible, we are now able to get interesting glimpses of Dutch nursing affairs through the two nursing journals, *Maandblad* and *Nesokomes*.

The former is the organ of the older and more conservative association, composed of nurses, physicians, and the governing boards of hospitals, which is now trying to work out a plan for voluntary registration. This association, called the Dutch Nursing Association, contains many well-known and honored names, such as Miss La Bastide Baarslag, Miss Reynvaan, Miss Kruijsse, etc. *Maandblad* gives all of the proceedings of this society, and it must be admitted that the doctors seem to do the big share of the work. Thus the committee appointed to report on educational standards and requirements for registration consisted of four physicians and one nurse, and a committee appointed on ways and means for a pension fund for nurses consisted of three physicians. *Maandblad* recently had an illustrated article describing the New York Lying-In Hospital, and it has also given a summary of the New York Nurses' Examining Board with a very cordial word of approbation.

Nesokomes represents a younger and more radical society with a

very long name. It has given in a recent number the report of the International Council of Nurses in full, including Miss Nutting's and Miss Palmer's papers. I am sure they never expected to see themselves in *Hollandisch*!

There are also some physicians included in this society, but they appear to be more modern in their ideas. One, a woman, Dr. Aletta Jacobs, is a well-known educational reformer, prominent in Women's Councils. Dr. Aletrino, the editor-in-chief, is a crusader, and rides in exhilarating fashion against some of the older customs. One must agree with him in principle and acknowledge that all he says may be true, but feel that he perhaps says it too cuttingly and may thereby lose friends unnecessarily. In fighting for principles one must make some enemies, but it should always be remembered that the fewer enemies and more friends the better for the principles and for their ultimate acceptance. He is a firm believer in a standard of refinement and education for admission to nursing and declares that some Dutch hospitals do not want educated women but only housemaids, and that if they happen to get women of a higher grade they give them only the training of housemaids. He further declares that the present defects in nursing arise from the fact that it is entirely taught by physicians who know how to teach nurses to handle a case but not how to train them to nurse (i.e., to solace, cheer, and comfort) the patient. He cites cases where the wards, rather than the sick persons, are nursed, and where the patients are awakened at five, four, three, and even in one instance at two o'clock A.M., so that the whole ward work should be done by nine A.M. rounds. This sounds incredible, but has also been known in other countries than Holland. It arises from a sort of extreme militarism as to doctors' rounds, and German nurses have told me how they have often, when on day duty, gotten up at four A.M., though their regular hour for rising was five or five-thirty, in order to hurry to their wards and get all sorts of things done before early rounds.

The teaching question is also interestingly discussed in *Maandblad* by Dr. Bylma. He seems to have the real teaching spirit, and his ideas on education are excellent, though his conclusion is most astonishing. He first shows that busy medical staffs have not the time needed to thoroughly instruct the nurses, therefore it becomes with them a perfunctory duty. It should be a foremost responsibility of some one person to take the nurses in small groups and teach them systematically. This is so good that we thought he was going to say this person should be a nurse-teacher. No, indeed. He goes on to argue that matrons themselves (superintendents of training-schools) are not competent to teach, though they may be good managers, and concludes that the director of

the hospital is the proper person! We commend this idea to our society of hospital superintendents.

The nurses of Holland in managing their directories for private duty seem to have exactly the same trials as our directory managers at home.

ITEM


Miss AMY HUGHES has been appointed to the important and distinguished position of head of the Queen's Nurses. We offer her the congratulations of all her American friends.

LANCIANI says that Julius Caesar was the first statesman to dignify the study of hygiene by recognizing its teachers as professors of the liberal arts, with the rights of citizenship. He says, further, that Nero organized the medical service of Rome by naming a superintendent of court physicians. Schools of medicine were opened and the students organized themselves into an incorporation.

Celsus Aurelianus, he writes, in the third century reproached his colleagues for keeping their patients in confinement as injurious to the progress of medical science. Later, when the professors went to visit patients, all the students went along.

Lanciani also tells us that Antoninus Pius organized the first service of public assistance under the influence of Christian feeling, and that medical chiefs were established in every inhabited centre. They were elected by the town councils and approved by the heads of families.

Under this service a set of rules was adopted for the large cities, and assistance to the poor was compulsory and gratuitous.



LETTERS TO THE EDITOR

[The Editor is not responsible for opinions expressed in this Department.]

A LETTER from New York, signed "Trained Nurse," will be answered by the Editor upon her return.

DEAR EDITOR: I am glad indeed that the subject of trained versus untrained nurses has come up for discussion. I have had some years of private duty and my observations have led me to conclude that graduate nurses are to blame for the present state of affairs. They have never met the need for skilled nursing among the great middle class, the reason, so far as I can discover, being that they charge too large fees and require too much to work with. I do not see how nurses can charge smaller fees, for even as things now are it is only by the most careful economy that nurses can lay by a little for the "rainy day" that comes to all sooner or later. To the private duty nurse who does her duty that "rainy day" frequently comes "sooner." When nurses say there is no need for a private duty nurse to injure her own health I think the cause for trained attendants has been found. I am sorry to say it, but all graduate nurses do not do their whole duty by their patients, and that is the reason they do not get all the cases where the patients can afford to pay their fees. No trained attendant that ever practiced could hold the field against a graduate nurse who did her duty to her patient.

The point you raise, Madame Editor, in regard to young graduates is one that has often been in my mind. The graduate just from her training-school is in much the same position as when a "prob." As I look back over my first year of private duty it seems to me full of blunders. It was more by good luck than good management that I never lost a patient. The only way to learn private duty is to do it. In the old days, when the hospitals sent out the undergraduates to private cases, the nurse then got her experience of private duty. It was certainly an advantage to the nurse. If the hospitals of to-day could send out their pupil nurses for a certain time during their training and charge a small fee, or none at all, if necessary, the pupil nurses would be getting good experience and a large class of patients would receive the benefit of skilled nursing when they now have to put up with whatever they can get. This is particularly true of the big cities, where the large

training-schools are located. That this practice was greatly abused I am aware, but if State registration is to do any good, this is a matter it could regulate. Were it made a requisite part of the training necessary for a State diploma the old abuses could not arise. Some of the hospitals now employ graduates to nurse in the homes of the poor. Could not this be done by the pupil nurse? It need not interfere with the field now occupied by the graduates, for the small fees would come from a class the graduates rarely go among.

With so much to be said for and against every step taken by the profession in its present state of development, this matter, like all the others, should be well thrashed out.

S. G. H., Class of 1898.

[If the services of the pupil have a commercial value, why shouldn't she reap the benefit at the same time that she is getting her experience in private nursing? The hospital is not teaching her anything, and she has practically finished her training.—Ed.]

[Letters to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]



OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

[THE publication of the reports of the Superintendents' Society, the Federation, and Associated Alumnae has necessarily curtailed the space for lesser official reports. Many of the following were too late for July.—EDITOR.]

THE INTERNATIONAL COUNCIL OF NURSES—A CORRECTION

DEAR EDITOR: I beg to have the enclosed letter from Miss Evely inserted, which explains itself. I am so sorry to have made the mistake which she rectifies. I wrote my article in Berlin, where I did not have the proper references at hand, and as I wrote that sentence I wondered whether I was right, and which of these two enthusiasts for organization, Mrs. Fenwick or Mrs. Sewall, had first put into words the thought of organizing nurses internationally.

But when Miss Nutting's history is written the mistakes will all be left out.

L. L. DOCK,

Secretary International Council of Nurses.

NEW YORK, August 1, 1906.

"London, W., July 18, 1906.

"MY DEAR MISS DOCK: As history is now being made, and as I know well that it is always your desire to give honor where honor is due, may I be permitted to draw attention to a statement in your paper on 'International Relationships' in this month's AMERICAN JOURNAL OF NURSING which I think needs correction, for the paper will stand as giving the history of the foundation of the International Council of Nurses. I mean the statement that the suggestion of such a council was first made by Mrs. May Wright Sewall. Mrs. Sewall's name must always be associated with the conception and foundation of the International Council of Women, and these nurses who were privileged to meet her during the 1899 Congress in London must ever hold both her and her work in the highest regard, but the idea of the International Council of Nurses originated with Mrs. Bedford Fenwick, who brought it before the Matrons' Council at its second annual conference, a full account of the proceedings at which may be found in the *Nursing Record* of July 8, 1900.

"In explanation of her proposition Mrs. Fenwick said, in conclusion, 'My suggestion briefly is, therefore, that we should have and to-day inaugurate an International Council of Nurses, a body like the International Council of Women, composed of representatives of the nursing councils of every country.' Formal resolutions embodying the proposition were then proposed by Mrs. Fenwick and passed, the first being seconded from the chair by Miss Isla Stewart, the president of the Matrons' Council, the second by Miss Husky. At that conference Mrs. Sewall was the invited and honored guest, and spoke with her wonted eloquence and charm in support of the resolutions which had just been carried. The opening words of her speech, which will long be remembered, were: 'We

are come together to discuss this suggestion made by Mrs. Fenwick. Not being a member of the Matrons' Council I have no right formally to support the resolutions, but were I a member of that council I should take the heartiest pleasure in supporting it.' Briefly, Mrs. Sewall gave the idea of international coöperation among nurses the large-hearted and generous support that she ever accords to international movements, but for the sake of historical accuracy I think it should be made plain that the idea of the International Council of Nurses was conceived by Mrs. Fenwick, cherished by her, publicly proposed, as I have shown, by her, its draft constitution was drawn up in the first instance by her, and in the constitution as finally printed she is acknowledged as the founder of the council. I am, dear Miss Dock,

"Yours cordially,

"MARGARET BREAY,

"Hon. Secretary Matrons' Council."

STATE MEETINGS

VIRGINIA.—The fifth annual convention of the Graduate Nurses' Association of Virginia was held in Richmond on May 10, 11, and 12. The executive session was held at the Nurses' Settlement at five P.M. of the 10th. At nine P.M. of the same day addresses of welcome were made by Mayor Carlton McCarthy and Dr. Emmon Williams at the Memorial Hospital. May 11 the meeting took place in the Mechanics' Institute, opened with prayer by Dr. W. E. Evans. The president, Miss S. H. Cabaniss, made an address, followed by the routine business and reports. Following the report of the Virginia State delegate to the Associated Alumnae in Washington a motion was made and carried that the Graduate Nurses' Association of Virginia appropriate twenty-five dollars to the Associated Alumnae towards the purchase of stock in THE AMERICAN JOURNAL OF NURSING. The Sick Benefit Fund reported a donation of twenty-five dollars from the Old Dominion Hospital Alumnae and seventy dollars raised by the graduate nurses of Norfolk. It was decided to print an annual report of the proceedings. A vacancy on the State Board of Examiners for 1906 occurring, the following nominations were recommended to the Governor: Mrs. Hanger for reelection, Miss Martin, Miss Randolph, Miss Detwiler, Miss Corling, Miss Emily Jones, and Miss Brydon. Papers were read on "Tuition Fees in Training-Schools" by Miss Van Vort, negative, and Miss Randolph, affirmative. On May 12 reports were received from the local alumnae societies and district nurses of Richmond, Norfolk, and Danville. It was decided that the association send one of its secretaries as delegate to the national convention. An appeal was made by Miss Cabaniss, the president, that the social functions be curtailed at future meetings. Miss Miner read a paper on "Tuberculosis," after which Miss Cabaniss explained the work of the Anti-Tuberculosis League. It was voted that a special Tuberculosis Committee from different towns in the State be appointed to confer with the league. Miss Miner, of Richmond, was made chairman. The following honorary members were elected: Miss S. H. Cabaniss, honorary president; Drs. George Ben Johnston, Stuart McGuire, Emmon Williams, Mayor Carlton McCarthy. The election of officers for the year 1905-1906 resulted as follows: President, Miss May Whitehead, Richmond, Va.; first vice-president, Miss Mabel Smith, Norfolk, Va.; second vice-president, Mrs. Lowndes Peple, Richmond, Va.; third vice-president, Miss Evelyn Brydon, Danville Va.; corre-

spending secretary, Miss Adelaide Fletcher, Charlottesville, Va.; recording secretary, Mrs. D. Monte Mann, Richmond, Va.; treasurer, Miss Agnes Randolph. Mrs. Mann, the new recording secretary, was elected delegate to the National Association to be held in Detroit, Mich., in 1908. Miss Fletcher, corresponding secretary, was elected as her alternate. The meeting then adjourned to meet in Lynchburg in May, 1908. The social functions were as follows: May 10, reception at Memorial Hospital, nine P.M.; Thursday, May 11, five to seven P.M., afternoon tea, Nurses' Settlement; nine P.M., reception by Virginia Hospital Alumni at Women's Club; Friday, May 12, five to seven P.M., afternoon tea, Old Dominion Hospital Alumni Association, at Nurses' Settlement; nine P.M., banquet by Richmond Nurses' Women's Club.

The second annual meeting of the Massachusetts State Nurses' Association (incorporated) was held in Fetter Hall on June 12. There was a very large and interested gathering of graduate nurses from all over the State.

The meeting was called to order by Miss Riddle, the president. Rev. George W. Shinn, D.D., of Newton, offered prayer.

Before the regular business of the meeting began Miss Riddle announced that a memorial service for the deceased army nurses was being held at that hour in Arlington Street Church, and it would be fitting for the association to send them some form of greeting. Dr. Louis D. Hughes moved that the following greetings be sent:

"To the Nurses of the Civil War, Boston.

"The Massachusetts State Nurses' Association in annual meeting assembled sends greetings and loving assurances of respect and esteem for your organization, representing as it does the women who so valiantly aided our country in caring for her defenders during her hour of greatest peril."

This was unanimously voted upon and sent. The reports of officers, committees, and councillors for the session followed, also the report of the delegate to the Washington Convention, Miss M. E. P. Davis. Dr. Morton Prince was then introduced and gave a very interesting paper on "The Free and Care of State Registration for Nurses," following which Mrs. Fildell, who has championed the bill in its two hearings, gave a bright and brief talk, also some wholesome advice, on how to accomplish the end by proper organization and united effort. Hon. Joseph Walker, by whose effort the bill was introduced last year into the House, was then presented. Mr. Walker's subject was "Registration for Nurses—how to get it." He handled the matter in a concise and forceful spirit, and gave some valuable and practical points to be carried out for next year, after which followed questions and discussion. Immediately after the meeting the councillors went into executive session and elected the officers for the following year: President, Miss Mary M. Riddle; first vice-president, Miss M. E. P. Davis; second vice-president, Miss Linda Richards; recording secretary, Miss Esther Dart; corresponding secretary, Miss Martha Mack; treasurer, Miss Elizabeth Thibault. A reception in Wicken Hall followed the meeting, in which all members and their guests participated.

ANNA C. JAMES,
Recording Secretary.

IOWA.—The second annual meeting of the Iowa State Association of Graduate Nurses was held in Cedar Rapids May 31 and June 1, Miss Riddle Camp-

bell, the president, in the chair. The morning session was brief, the time being given to registration of delegates, presentation of credentials, and payment of annual dues. The afternoon session opened at one-thirty. Reports of standing committees were read, also reports of nursing societies in Iowa. Appointment of the Nominating Committee followed. At the close of this session Miss Baker extended an invitation to visit St. Luke's Hospital. After a tour through the building refreshments were served in the class-rooms. At eight P.M. a reception was given the visiting nurses at the Grand Hotel parlors. The address of welcome was by Miss Baker and response by Miss Campbell, who followed her remarks by a forceful talk on State registration. Thursday morning session opened with routine business followed by a discussion of the Iowa bill. Papers were read by Miss Bowler, of Ottumwa, on "Post-Graduate Instruction," and Miss Irvine, of Cresco, on "Nursing of Infants and Sick Children." The afternoon session was given up to the discussion and amendments of the bill, the convention closing with a tally-ho ride over the city.

CONNECTICUT.—The first meeting of the Connecticut State Board of Examination and Registration of Nurses was held at the dormitory of the Connecticut Training-School for Nurses on the afternoon of July 14. Miss Emma L. Stowe, superintendent of the Connecticut Training-School for Nurses, was elected president, and Miss R. I. Albaugh, superintendent of the Grace Hospital, New Haven, secretary and treasurer. The members of the board are Miss Charlotte A. Brown, superintendent of the Hartford Training-School for Nurses; Miss Mary L. Bolton, of Bridgeport, and Miss May L. Love, superintendent of the Training-School of the William K. Backus Hospital, of Norwich, Conn. The board will be ready to receive applications after August 1. Papers can be obtained by applying to the secretary.

R. I. ALBAUGH, Secretary,
Grace Hospital, New Haven.

PENNSYLVANIA.—The second regular meeting of the Graduate Nurses' Association (Incorporated) of the State of Pennsylvania will be held at New Castle, Lawrence County, Pa., on October 18, 19, and 20. The headquarters will be at the St. Cloud Hotel, and the business meetings in the Young Men's Christian Association building. We urge all members to be present.

MAURIE W. MILLER,
Press Correspondent.

REGULAR MEETINGS

LOS ANGELES, CAL.—An organization has been formed in Los Angeles, Cal., known as the Eastern Nurses' Club. The object of this club is to benefit its members both socially and professionally, to make a distinction between the graduate and the non-graduate nurses from the Eastern States, to establish and maintain uniform rates, and to advance the best interest of its members by meetings, papers, and discussions on professional subjects. Nurses are eligible to membership who are graduates from training-schools east of the western limit of Pennsylvania and are qualified for State registration. Nurses from other schools may be made honorary members. The club earnestly requests its members to register in the State of California as soon as it is possible to do so, also to become members of the Los Angeles County Nurses' Association and

attend their meetings. At the election of officers Miss Shawson, of New York City, was elected president; Miss Britton, of New York City, vice-president; Miss Drew, of Elmira, N. Y., secretary, and Miss Burns, of Boston, Mass., treasurer. There is already an enrolment of about twenty-five members. Eastern nurses in Los Angeles and vicinity will be most cordially welcomed at the meetings, which are held the first Tuesday of each month at the home of some member, the July meeting being held at the home of Miss Britton, 1807 South Grand Avenue, at two-thirty P.M.

PHILADELPHIA.—The Alumni Association of the Hospital of the University of Pennsylvania held its twelfth annual meeting on June 5, 1906, in the Nurses' Home. In the absence of the president, Miss Schulz, the meeting was called to order by the first vice-president, Miss Brothman. There were twenty-six members present. The address of the president shows that much has been accomplished during the year, special mention being given to the increased Endowment Fund, lectures on parliamentary law, the appointment of a committee to visit sick nurses, and the purchase of a share of stock in *THE AMERICAN JOURNAL OF NURSING*. Miss Brothman outlined a plan of work for the coming year which included tubercular work, State association work, and work for the club-houses, a committee being appointed to confer with other alumni societies about ways and means of securing the club-houses. The following officers were elected to serve for the coming year: President, Miss Anna L. Schulz; first vice-president, Miss L. A. O'Brien; second vice-president, Miss E. K. Le Van; secretary, Miss Nellie M. Casey; treasurer, Mrs. Mary C. Balno; sub-treasurer, Miss Louise Miller. A vote of thanks was tendered to Miss Marion Smith for her cordial support and hearty cooperation in all our work always. The meeting then adjourned until September.

PROVIDENCE, R. I.—The eighth annual meeting and dinner of the Rhode Island Hospital Alumni Association was held at the Harragansett Hotel on Tuesday, June 13. Dinner was served at seven P.M., covers being laid for twenty-five, Miss Winifred L. Fitzpatrick acting as toastmistress. The following toasts were responded to: "Our Alumni Association," Miss M. J. MacPherson; "R. I. State Association for Graduate Nurses," Miss Lucy C. Ayres; "The Private Nurse," Miss Elizabeth Sherman; "The Army Nurse," Miss Mary Quinn; "Absent Members," Miss Mary MacDougall; "Married Members," Mrs. H. P. Churchill; "R. I. Hospital, Our Alma Mater," Miss Elizabeth Shields. At the business meeting the following officers were elected for the coming year: President, Miss M. J. MacPherson; vice-president, Miss M. MacDougall; recording secretary, Mrs. H. P. Churchill; corresponding secretary, Miss Kate Grant, Miss treasurer, Miss Ella A. Weaver; Visiting Committee—Miss Kate Grant, Miss Sarah Loudon, Miss Bertha G. Berry, Miss Nellie E. Irish, Miss Della G. Francis, Miss Margaret Ross. The affair was saddened by the death of Miss Annette Keyes, one of the members, the burial occurring at two P.M. of the same day.

BOSTON.—The meeting of the Suffolk County Nurses' Association was held at the rooms of the Boston Nurses' Club, 785 Boylston Street, Boston, on Thursday, May 25, 1906, at three o'clock. Miss M. E. P. Davis presided. The records of the April meeting were read, also the treasurer's report and that of the Min-

bership Committee, followed by the election of officers for the coming year, these officers to be ratified at the annual meeting of the State association. The officers elected were: President, Miss M. E. P. Davis; vice-president, Miss Lucy L. Brown; secretary, Miss Annie C. Jammé; councillors—Miss Davis, Miss Brown, Miss Jammé, Miss Elizabeth J. Tiedale, Miss Emily O. Boswell, Dr. Laura A. C. Hughes. An Instruction Committee of eighteen members to take charge of the programme for the meetings and a Membership Committee of six were appointed to canvass among the nurses for increased membership and to arouse interest. The programme for the afternoon was then taken up. A paper upon "Nursing Ethics," by Miss Susan B. Johnson, of the Children's Hospital, was read by Miss Julia E. Reed, followed by a general discussion. The meeting was then adjourned until September.

PHILADELPHIA.—At a meeting of the Nurses' Alumni Association of the Woman's Hospital of Philadelphia on May 10 the Committee on the Endowed Bed Fund reported that the second thousand of the three thousand dollars had been collected to endow a bed for nurses in the Woman's Hospital of Philadelphia. Miss Anna Peters was chosen to present this to the hospital at the nurses' commencement. This now entitles the nurses to the use of the bed for six months in the year.

The regular meeting of the Nurses' Alumni Association of the Woman's Hospital, Philadelphia, was held at the Madonna Settlement at 814 South Tenth Street, Philadelphia, on June 14, by invitation of Misses Hunt, Slaughter, and Quay. After a very interesting meeting refreshments were served. Much interest was manifested in the settlement work.

TORONTO, CAN.—The closing meeting of the Alumni Association of the Hospital for Sick Children, Toronto, was held at the Lakeside Home on Saturday, June 10, in conjunction with the St. Barnabas Guild annual meeting. After a very pleasant social meeting the Alumni Association was invited to attend the annual guild service. Canon Welch held the service and addressed the meeting. Three associates were admitted as members of the guild. The service was most impressive and was much appreciated by all. We have to thank Mr. Ross Robertson for the practical interest which he takes in our association. He purposed furnishing two rooms—one in the hospital proper, the other in the infectious ward—for the use of members of the Sick Benefit Fund. He has also very generously donated fifty dollars to the above fund.

BUFFALO.—The Nurses' Alumni of the Buffalo Homoeopathic Hospital closed a very successful year at its annual meeting in June, when the president, Miss Drake, presided. Miss Kemp was elected to membership. The election resulted as follows: President, Miss Mary Jayne Cole; first vice-president, Miss Mary Louise Drake; second vice-president, Miss Amy Poole; third vice-president, Miss Helen Macpherson; fourth vice-president, Miss Eva Snyder; recording secretary, Mrs. Frank Harrison; corresponding secretary, Mrs. William Paddock; treasurer, Miss Jennie Burton; historian, Miss Margaret Weir Martin; Executive Committee—Miss Rosetta Burton, Miss Agnes Macintosh, Mrs. J. L. Bredin, Mrs. A. J. Martin.

Boston.—The Nurses' Alumni of the Boston and Massachusetts General Hospital Training-School were very pleasantly entertained on Tuesday afternoon, May 25, by Miss E. Anderson, superintendent of the New England Baptist Hospital, Roxbury, Mass. A short business meeting was held, when the question of a Sick Benefit Fund was discussed, the majority of the members being in favor of it. The delegates who had attended the Associated Alumni meeting in Washington gave an interesting report of it. Later the members were taken through the nurses' new home, where refreshments were served and several selections sung by Miss Potente, a Greek nurse in training.

PHILADELPHIA.—The Alumni Association of the Pennsylvania Hospital held a fair at the Nurses' Home, 361 South Eighth Street, in June. The many pretty and useful articles contributed by the members and friends were attractively displayed in the parlors of the home, which were beautifully decorated for the occasion. The grounds were illuminated by electric lights and Chinese lanterns. Socially and financially it was a great success, and served as a reunion for the various members of the association. A nice, round sum was netted which will be added to the Benefit Fund.

BALTIMORE, Md.—The third annual meeting of the Baltimore City Hospital Nurses' Alumni Association was held June 1 in the reception-room of the Nurses' Home. Roll-call showed a large attendance. Five new members were admitted. The following officers were elected: President, Miss Eleanor Parker; vice-president, Mrs. M. C. Maguire Nichols; secretary, Miss Adèle Bond; treasurer, Miss Virginia Treulich. The meeting adjourned at six o'clock, after which refreshments were served. A reception was given the following evening in honor of the Class of 1906.

PATERSON, N. J.—The Alumni Association of the Paterson General Hospital Training-School elected the following officers for the year beginning June 1, 1906: President, Miss Frances Osborn, 689 Fourteenth Avenue, Paterson, N. J.; vice-president, Miss Mary Welch; second vice-president, Miss Lucille Dean; recording secretary, Miss Jean E. McDonald; corresponding secretary, Miss Minerva S. Kyle, 711 East Eighteenth Street, Paterson, N. J.; treasurer, Miss Florence Demarest, 367 East Twenty-second Street, Paterson, N. J.

NEW YORK.—The Metropolitan Training-School Alumni Association held its regular meeting on Tuesday, June 12, at the Nurses' Home, Blackwell's Island. The new president, Miss Hunter, being absent, Miss Fred, vice-president, occupied the chair. The entire time was taken up with business matters. The lecture Miss Ward had planned to give on her experience in West Africa was postponed until the next meeting, which will be held at 686 Lexington Avenue on September 12.

PHILADELPHIA.—The regular monthly meeting of the Eshmann Hospital Alumni Association of Philadelphia was held June 6, 1906, at New Century Guild, 1227 Arch Street, the president, Miss Whitaker, in the chair. Various items of interest were taken up and discussed freely, among them being a clubhouse and central directory. It was decided to change the date of the annual meeting from November to June, the same to take effect next year.

NEW YORK.—The regular meeting of the Alumnae of Lebanon Training-School, New York, was held at the hospital on June 13 at three p.m. Four new members were admitted. The delegates' report of the convention at Washington was read and the meeting adjourned, it being the last meeting until September. Refreshments were served after the meeting and the usual social hour was enjoyed.

ST. PAUL, MINN.—St. Luke's Hospital Alumnae, of St. Paul, held their annual meeting on Tuesday, June 6, at the nurses' club-house. Officers elected for 1935: President, Miss Forbes; vice-president, Miss Dillion; treasurer, Miss Kittle; secretary, Miss Wood. The alumnae entertained the "Class of 1903" on June 13 at the club-house. There were forty members present.

SCRANTON, PA.—The last regular monthly meeting for the season of the State Nurses' Alumnae Association was held at the Nurses' Home, State Hospital, on Thursday, June 29.

BIRTHS

In March, a son to Mr. and Mrs. James Leonard Lytel, of Denver, Col. Mrs. Lytel was Miss Julia Osler, of Baltimore, Md., graduate of the Pennsylvania Hospital, Philadelphia, Class of 1909.

JULY 9, at Baltimore, Md., a son to Dr. and Mrs. Berry Inglehart (née Harriet Carr, Johns Hopkins Alumnae Association).

Mrs. Eustace, née Dames, is the happy mother of a young son born in Toronto on June 26.

MARRIAGES

On June 6, 1935, at Anconito Canal Zone, Isthmus of Panama, by the Rev. Archdeacon Hendrick, of Colon, Vesta Crowe, of the nursing staff of Ancon Hospital, to Edward Percy Beverly, M.D., of Virginia, stationed at Ancon Hospital. The wedding ceremony was held in the reception-room of the Nurses' Quarters (Anconito) and was attended by the newly appointed Governor, Judge Magson, and several officials of the Isthmian Canal Commission. The bride was given away by Colonel William C. Gorgna, Chief Sanitary Officer, and was attended by Miss Ada Colebrough as maid of honor. The groom was supported by his friend and co-worker, Dr. Lloyd Noland, also of Virginia, and attached to the medical staff of Ancon Hospital. The room was suitably decorated with tropical shrubs and flowers, and conspicuous were the orange-blossoms, cape and orange myrtle, Jamaica jessamine, and gardenias. The bride and groom left on the afternoon train for Colon, where they took the steamer for New York. Dr. and Mrs. Beverly expect to return to the Isthmus of Panama.

In Indianapolis, June 15, 1935, at the residence of the brother-in-law of the bride, Susan J. Fisher, graduate of the Connecticut Training-School at the New Haven Hospital, later a graduate of the Hospital Economics Course, Columbia University, Teachers College, to Dr. Ralph Clark Apted, of Grand Rapids, Mich. Miss Fisher was formerly principal of Butterworth Hospital Training-School. The wedding was a very pretty one. The decorations were wild amilax, daisies,

and maiden-hair form. Dr. and Mrs. Apted will be at home at 49 Ransom Street, Grand Rapids.

Miss BERNICE BALLENTINE was married at her home, Round Top Farm, Milan, Pa., to Rev. Robert Longwell on Tuesday, July 4, 1906. Mr. and Mrs. Longwell will take a trip of several weeks' duration in Washington, Baltimore, and Philadelphia; later they will labor in foreign mission fields. Mrs. Longwell is a graduate of the Connecticut Training-School for Nurses, New Haven, Conn., Class of 1904.

On June 23, at Washington, D. C., Miss Louise Riggs, of Washington, to Dr. Richard Fells, of California. At home after November 1 at 115 East Preston Street, Baltimore. Dr. Fells has been for several years resident surgeon of the Johns Hopkins Hospital, and Miss Riggs graduated from the Training-School, Class of 1902.

On August 2, at Pittsburgh, N. Y., Miss Anna Menchen Goodall to Dr. Morris Slemmons, of Salisbury, Md. At home after September 1 at 23 West Chase Street, Baltimore. Miss Goodall belonged to the Johns Hopkins Training-School, Class of 1902, and Dr. Slemmons was for some time on the hospital staff.

In New York City, on Wednesday, July 12, Miss Elizabeth B. Irwin, of the Alumni Association of the New York City Training-School for Nurses and of the Spanish-American War Nurses' Association, was married to Mr. A. H. Ammann. Mr. and Mrs. Ammann will make their home in New York City.

JUNE 23, 1906, in St. Paul, Minn., Corinne Howard, a graduate of St. Luke's Hospital Training-School, Class of 1900, to George Cavanaugh, of Minneapolis, a brother of Dr. J. C. Cavanaugh, of St. Paul. Mr. and Mrs. Cavanaugh have gone for a trip West and will spend the summer at Rice Lake, Wis.

MISS ELIZABETH M. EVANS, daughter of Mrs. L. A. Evans, was married on July 30 to Dr. N. A. Springer at the home of the bride's sister, Mrs. William B. Doyle, 325 Washington Street, Camden, N. J. Dr. and Mrs. Springer left for an extended tour. At home after September 1 at Towson, Md.

On June 15, at Winochere, S. C., Miss Mary Fannihen McMaster to Mr. Thomas Hugo Ketchin, both of Winochere. Miss McMaster graduated from the Johns Hopkins, Class of 1901, and has been doing private nursing since that time. Her future home will be in Winochere.

THE marriage of Miss Elizabeth Heddington to Mr. E. E. Coppinger took place in New York on October 12, 1904. Mrs. Coppinger was head nurse of the Coppinger Sanatorium, of which Mr. Coppinger is proprietor and manager.

AT St. Paul's Church, Bowmanville, Ontario, Can., June 19, 1906, Miss Beanie W. Adair, graduate of the Lady Stanley Institute, Ottawa, Ontario, Class of 1903, to Mr. J. C. Hancock, Bowmanville, Ontario.

JUNE 23, 1906, at her home in Green Spring Valley, Baltimore County, Miss Albina Coake, graduate of the University of Maryland Hospital, Class of 1903, to Dr. J. Dawson Reader, of Baltimore.

IN Prague, Neb., May 2, 1906, Emily Bodnar, Class of 1903, of the Illinois Training-School for Nurses, Chicago, to Rev. John Pipal. At home after May 2 at Wahoo, Neb.

In Whittby, Ontario, Can., May 19, 1903, S. Caroline Johnston, of the Illinois Training-School for Nurses, Class of 1903, to the Rev. John H. Miller. At home at Field, B. C.

Miss MARIE PARSONS, daughter of Mr. and Mrs. Edmund Parsons, of Wallall, England, was married to Dr. Earl Dean Kilmer, of Rushford, in Rochester on May 29.

At Buffalo, N. Y., June 6, 1903, Miss Ella M. Tildesley, graduate of the Orange Training-School, Class of 1900, to Mr. Charles Jardine.

On April 28, Phoebe Foster, Toronto General Hospital, Class of 1901, to John Alexander Hopkins, of Mount Albert, Ont.

MARCH 7, 1903, Mary Baker Carpenter (Toronto General Hospital, Class of 1899) to John Alton Hardy, of Sheridan, Ont.

OBITUARY

At the May meeting of the Alumnae Association of the New York Hospital announcement was made of the death of Miss Ellen J. Atwater, Class of 1883.

A committee was appointed who prepared the following resolutions:

"WHEREAS, God in His infinite love and wisdom has taken from us our beloved friend and associate, Ellen J. Atwater; and

"WHEREAS, The Alumnae Association of the New York Hospital has lost a valued member, who ever aimed to promote and maintain a high ideal of nursing and womanhood; and

"WHEREAS, Her memory will always be cherished by her friends for her honest and conscientious fulfilment of duty, for her Christian faith, her courage, and fortitude in sickness; therefore

"Resolved, That the New York Hospital Alumnae Association take this opportunity to express its appreciation of her work and her life; and be it

"Resolved, That we express our sympathy to her sisters by sending to them a copy of these resolutions, that a copy be sent to THE AMERICAN JOURNAL OF NURSING, and also recorded in the minutes of the association.

"ADA B. STEWART,

"MARGARET JACKSON,

"CAROLINE M. STEVENS,

"Committee on Resolutions."

On Wednesday, July 12, after a short illness, Nellie F. Wenstrom, of the Long Island College Hospital, Class of 1892.

Miss Wenstrom went to a patient in Ridgefield, Conn., July 5, was taken ill on the seventh, and lived but five days, being cared for by the nurses from her home in Brooklyn.

Miss Wenstrom was born in Sweden and had no relatives in the United States. Her character was of a fine Christian type, and she was greatly loved by both nurses and her patients.

The funeral services were held at the club on July 13, the Rev. Dr. Clark, of the First Presbyterian Church, officiating.

The interment occurred at Greenwood on July 14.

MISS MARY JACOBY died at the Alice Fisher Club-House, 804 Pine Street, Philadelphia, Pa., suddenly on July 4, 1933. Though for five years she was a patient sufferer, the cause of death was mitral stenosis.

Miss Jacoby graduated from the Philadelphia Hospital in June, 1893, and for over eight years was matron of the Alice Fisher Club, which position she filled most creditably. Her death has brought sorrow to the hearts of many; her gentle, amiable disposition endeared her to all.

The interment was in Fennegrove, N. J., from the residence of Mrs. Dr. Summerill, her sister. Miss Jacoby was a member of the Alice Fisher Alumni.

MISS GEORGIA M. KERNEY, graduate of the Denver (Colo.) County Hospital, Class of 1900, died at her home in Watertown, Ia., on June 8. An operation was performed two weeks previous for kidney disease, from which she had suffered long. Deceased served in the Army Nurse Corps and was for a time chief nurse in the Division Hospital, Manila.



HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

At Collingwood, Ontario, an interesting event took place on Friday, August 11, when, after a dedicatory prayer by the Rev. Mr. Irwin, Mayor Wilson in a few appropriate words formally declared the new wing of the General and Marine Hospital open to the public. The general public were cordially invited to be present, and many persons availed themselves of the opportunity to inspect the building, which contains a modern operating-room with the usual complement of anæsthetic, sterilizing, wash, and dressing-rooms, ten private wards, sitting-room, diet kitchen, and board-room. The wing is well finished throughout, and will add much to the usefulness and appearance of the hospital.

Georgetown, Ontario, expects soon to have a new hospital. This will make the sixty-fifth hospital in Ontario.

TRAINING-SCHOOL NOTES

THE Johns Hopkins Hospital Training-School for Nurses graduated its fourteenth class of pupils on Thursday, May 23. The exercises were held, as usual, in the hall of the Physiological Building of the Medical School, which was beautifully decorated for the occasion. The hall was crowded to its utmost capacity. On the platform were the trustees, President Remsen, of the Johns Hopkins University, the superintendents of the Hospital and Training-School, and others. The officers and teachers of the Training-School—resident and non-resident—were grouped upon one side of the platform, and the class of graduates, thirty-nine in number, upon the other side. The opening prayer was by the Rev. Alfred Humay, of the Unitarian Church, and the address was by Mr. Robert Ely, director of the League for Political Education in New York. His subject was "The Social Opportunities of the Trained Nurse," and his address, which was given without notes, was of unusual interest and inspiration. The various opportunities for useful work in the community, which are open more freely, perhaps, to the trained nurse than to any other person, were reviewed and each one carefully considered. The urgent need of her skilled services for the relief of the troubles (physical and moral) of the people about her was dwelt upon at length. Following a consideration of these opportunities and needs the speaker dwelt with great earnestness upon the obligations which confront the graduate nurse of to-day—obligations which are in direct proportion to her ability to meet them, and constitute a call for service of the very highest order. His whole address was a serious and forcible appeal to nurses to keep a high ideal of duty, and it is a matter of regret that it was not given in a form which would enable us to publish it for general benefit. Miss Nutting presented the usual report of the work of the Nursing Department for the year. Diplomas were given to the largest class which has ever been graduated from the school (thirty-nine in number), and scholarships were awarded to the following students:

Senior Year.—Cora H. Baker, Stillman Valley, Ill. (holder of scholarships in Junior and Intermediate Years), scholarship for four hundred and eighty dollars for the purpose of pursuing post-graduate study and special work in the school.

Intermediate Year.—Adair McDonald, Sterling, Ontario, Canada; Bertha Stark, Leominster, Mass.; Viola MacLellan, Winchester, Mass.; Adeline Rowland, Toronto, Ontario, Canada.

Junior Year.—Helen Laiders, Thurmont, Md.; Ella J. Taylor, Hamilton, Canada; Sarah E. Addison, Baltimore, Md.; Alice E. Henderson, Newton, Mass.

After the ceremonies in the hall were concluded the guests adjourned to the grounds of the hospital, where several tents and marquees were erected and where refreshments were served to about six hundred people.

The Johns Hopkins Nurses' Alumni Association held its annual meeting at the Training-School on the following day, Friday, May 26, at which there was a large attendance. Luncheon was served to the members of the association on the grounds of the hospital, and after the business of the day was transacted a brief address was given by Miss Mabel Beardman, member of the National Red Cross Committee. Miss Beardman has the distinction of being the only woman who is a member of this committee, and her splendid efforts during the past few years in aiding in the reconstruction of the Red Cross Society are well known and widely appreciated. At this moment, when new State societies are being formed and the question of enrolling Red Cross nurses is one of much importance which must be well considered, it is essential that a thorough understanding of Red Cross work, its history and purposes, be presented carefully before our various nursing societies. Miss Beardman's address was full of interest and will be published later in the *Alumni Magazine*.

The officers elected for the year were: President, Miss Bartlett; first vice-president, Miss A. Miller; second vice-president, Mrs. Lord; treasurer, Miss Lawler; corresponding secretary, Miss Dixon; recording secretary, Miss MacMahon; members of the board—Mrs. Finney, Miss Ross, Miss S. Shrive, Miss Shearn, Miss V. McMaster.

The graduation of the Richmond, Va., Memorial Hospital Training-School for Nurses occurred May 31. The commencement exercises were held in the chemistry room of the venerable Medical College of Virginia, where for nearly three-quarters of a century the healing art has been taught to the multitudes who have thronged its halls. The exercises were opened with prayer by the Rev. William R. L. Smith, pastor of the Second Baptist Church. He was followed by Dr. Christopher Tompkins, dean of the Medical College of Virginia, who said in part: "The Training-School of the Memorial Hospital is composed of thirty-six pupils at the present time, but this number will be increased by fall to forty. This school has the distinction of being the only one in the Commonwealth of Virginia whose graduates are recognized by the Board of Regents of the State of New York. I am also authorized to announce that this school, beginning with next fall, will be conducted on the eight-hour system, the Memorial being the first hospital south of the Johns Hopkins Hospital, of Baltimore, to proclaim the adoption of this plan." The diplomas and badges were conferred upon the graduates by Dr. George Benjamin Johnston, who told them that the diplomas were given as evidence that they had acquired sufficient knowledge to entitle them to graduation and had been earned by them by their work and study. He

said that the badges, however, were infinitely more valuable, as they were gifts from the institution, tokens which indicated approval of character, badges of honor which could only be worn by those who were worthy, as they could be withdrawn in the event of failure to live up to the high standards which had been taught them by precept and example during their training. He stated that it had been customary to give two other badges, one to the nurse who had rendered the most faithful and skillful service during her training, and the other to the nurse who had stood highest in the examinations, but that on this occasion both honors had been won by the same nurse and that it had been decided to give in lieu of the badges a prize consisting of a nurse's bag and outfit, which in a few well-chosen words he presented to Miss Balmer.

Colonel George Wayne Anderson, the orator of the occasion, was then introduced and delivered a charming address, "Life, Real and Earnest." He spoke of life, its duties, pains, and joys. In beautiful language he pictured the happiness that comes from a life which is filled with definite purpose and worthy motives, and closed by saying:

"If then we have faithfully discovered some of the hidden laws of life, how sure may we be that the ladies who graduate here to-night have set their feet in the true path. For them life is to be real. For them it will be earnest. For them it is filled with purpose. To them life is action, action that is noble, action that is marvelous, action that is divinely blessed. The bubbling springs of childhood's hour are passed. The little brooks have flowed by the pebbly shore. The stream no longer lingers by the way to caress the flowers. It has gathered strength as it flowed along, and now, in well-marked lines, it rushes on to service and to destiny. And what a service, what a destiny! A service of self-sacrifice and of tender mercy! To lighten the pain of suffering, to cool the throbbing brow. To stand in the temple of life as the vestals stood in the temple of old as handmaids of the Lord. With skilled hands to burnish the lamp of life, to feed its flame and make bright its steady light, to work with and for the Giver of life, if haply under His guidance the life which He gave may be spared for the purpose of His gift. It is a noble calling. It is a glorious service, and for those who with pure heart perform its mighty music will ring the master notes of all high living and the keynotes of Christian civilization."

After Colonel Anderson had finished his address the handsome bouquets were handed to the graduates, many of whom were literally buried in these beautiful testimonials of good-will and esteem. After the benediction the nurses adjourned with their friends to the Nurses' Home, on Broad Street, opposite the hospital, where a reception was held. The names of the members of the graduating class are: Misses Mary Balmer, Florence Black, Lucinda Patton, Romerta Tompkins, and Christine Wortham.

The commencement exercises of the graduating nurses of the Charleston, (W. Va.) General Hospital, June 18, were very impressive and largely attended. The spacious halls of the great building were beautifully decorated with flags, bunting, and flowers for the graduation of three young ladies into the world of nurses after three years of hard study and incessant toil. This is the first graduation in the history of Charleston. George H. Shrewsbury was chosen chairman of the exercises and made a short address. The music was furnished by Miss Lucy Couch, to which the graduates, Misses Virginia Wood, of Clifton Forge, Va.; Janet Kay, of Kayford, W. Va., and Garnet Moore, of Greensburg, Ky.,

entered, accompanied by Miss Reid, superintendent of the Training-School, Miss Peyton, head nurse, and the undergraduates. Then the report of Dr. H. H. Young, superintendent of the hospital, was read. Dr. G. C. Schoenfeld made a very able and interesting address to the graduates, followed by a very instructive talk by Rev. Ernest Thompson. The diplomas were presented by Captain J. R. Neal, vice-president of the Board of Trustees of the hospital. Music was then rendered by Miss Nettie Kate Means, of Shreveport, La. This was followed by the presentation of the double ruffa. This ceremony was very impressive and consisted in the removal of the white cap of the training nurse and the bestowal of the double-ruffed cap of the graduated nurse. The class averages were: Highest general average, Miss Garnet Moore. Highest average in anatomy, Dr. McMillan's class, Miss Garnet Moore. Highest average in physiology, Dr. Putney's class, Miss Virginia Wood. Highest average in chemistry and analysis, Dr. Hughey's class, Miss Janet Kay. Highest average in diseases of eye, ear, nose, and throat, Dr. Churchman's class, Miss Kay and Miss Woods, first, and Miss Garnet Moore, second. Special prize for best work in second grade, Miss Daisy Harris. Special prize from superintendent of nurses for best work in junior year, Miss Rosamund Fitzow.

THE school year of the Seattle General Hospital Training-School for Nurses closed with the graduating exercises at the First Methodist Episcopal Church on Tuesday, June 5, 1906, Mr. Lippy presiding. The address of the evening was delivered by St. Mark's eloquent pastor, Rev. Lloyd. Dr. Reed gave the parting words of cheer and loving counsel to the class. After the presentation of the diplomas and pins, with flowers breathing of gratitude, best wishes, love, and blessings, the class, with their companions and friends, were received at the beautiful home of Mr. and Mrs. Lippy. The commencement time was unhurried in by a delightful excursion on the Sound, with a picnic dinner at Pleasant Beach, given to Mr. Joshua Green and the medical staff of the Seattle General Hospital. The excursion was a complete success, and all regretted that this "Joshua" could not command the sun to stand still, and so prolong the gayety. The baccalaureate sermon on Sunday evening, June 4, delivered by Dr. Wharton, friend of every nurse and everyone else, was inspiring—"I was sick and ye visited me." It was on the beauty of the life of service. The Wednesday following the graduating exercises the Class of 1906 gave a launching party to their seniors, stopping at Mercer Island for lunch and a good time, which nurses always succeed in having. Thursday evening a reception for the class at the home of Miss Gussie Button, Class of 1903. Saturday a luncheon given by Mrs. Ball, ex-night superintendent, but always a member of the Seattle General Hospital family. The last festivities were a day at the summer home of Dr. Booth. The graduates are: Jeanetta May Johnston, Mayo Louise Lawson, Laura Atkinson, Lillian Carter, Katherine Theresa Gorman, Anna Mathilda Kornell, Jennie May Sanders, Edna Kinkade, Margaret Elizabeth Murphy, and Alice Bates.

THE commencement exercises of the Metropolitan Training-School, Blackwell's Island, were held in the Solarium on Saturday, May 27. Ten pupil nurses and nine post-graduates received diplomas. The number of graduates was unusually small, owing to the course having been extended from two to three years. Addresses were made by Clinton L. Bagg, M.D., president of the Medical Board of the hospital, and Miss Laura D. Gill, dean of Harvard College. The prizes were presented by the Hon. James H. Tully, Commissioner of Public

Charities. Prizes for the best bedside record and temperature chart were carried off by Miss Logan. The diplomas were presented by Miss Florence Gurnsey, one of the Board of Managers of the school. A reception and dance followed, and care and sickness for the time being seemed forgotten. During the past year the Alumnae Association has been incorporated, and we now have five honorary and eighty-two active members. The regular meetings are held the second Tuesday of every third month, at the Nurses' Home, Blackwell's Island. During the past year Miss Clara M. Evans has taken charge of the Training-School of the St. Thomas Hospital in San Francisco, Cal.; Miss Nellie Jackson of the Training-School of the Woman's Hospital in Montreal, Canada; Miss Lyda T. Leach of Christ's Hospital, Brooklyn, N. Y.; and Miss Lilian Henderson of the nursing department of the Mount Royal Sanitarium, Montreal, Canada.

THE twenty-seventh annual graduating exercises of the Training-School of the Buffalo General Hospital took place on June 12. The exercises were held in the gymnasium of the Nurses' Home. The graduating class wore white uniforms and carried red carnations, red being their class color. The gymnasium was tastefully decorated in green and white. The programme consisted of selections sung by a double male quartette, presentation of badges by Dr. Hinkel, chairman of the Training-School Committee. Dr. Roswell Park made the address to the graduating class, and Dr. Harrington made each a gift of a hypodermic case. Mr. Pardee, president of the board, presented the diplomas to the following graduates: Miss Mary Stevenson, Miss Minnie Mullen, Miss Mary Young, Miss Lou Thompson, Miss Anna Hahn, Miss Alice Anderson, Miss Kether Lynn, Miss Alice Tolhurst, Miss Flora Shull, Miss Eleanor Gillespie, Mrs. May Mead, and Miss Pauline Howden. Following the programme an informal reception was held in the red parlor, and refreshments were served on the lawn, which was lighted with strings of Chinese lanterns.

THE Training-School for Nurses of the Seattle General Hospital has just closed a most pleasant and profitable school year. The school now numbers forty, each class being regularly organized. A new fire-proof addition to the hospital is nearly completed, which will raise the capacity of the institution from seventy-five to one hundred and twenty-five beds. One of the most pleasing features of the proposed change will be the removal of the culinary department to the fifth floor of the new building. This will give the nurses a large, cheery dining-room with windows on three sides, one side commanding a view of the Sound and Olympia, another of Mt. Rainier. In connection with this department there will be installed a diet kitchen under the supervision of Miss Genevieve Ivory, recently an instructor in Simmons College, Boston, Mass.

THE graduating exercises of the Nicholls Hospital Training-School for Nurses, Peterborough, Ontario, were held in the Young Men's Christian Association Hall on the evening of Monday, June 28. Richard Hall, chairman of the board, gave a pleasant address of welcome. Rev. E. A. Langford gave an excellent address to the nurses, inciting them to fervor in their work. Dr. W. Caldwell gave an earnest charge to the nurses. The nurses stood and repeated the pledge, after which Mr. Hall presented the diplomas and medals. Miss Foster was presented with a nurse's surgical set, as she came first in the bandaging contest. Miss Wilson read the valedictory. The graduating nurses are Miss H. D. D. Wilson, Miss Mahel J. Foster, and Mrs. Leona J. Doyle.

THE Jamaica (Long Island) Hospital Training-School for Nurses had its second commencement exercises on Tuesday, May 23, at the Presbyterian church, the ceremony attracting a large gathering. Mrs. Charles H. Harris, president of the school, occupied the chair. The graduates are Miss Beale Whiting Moore, Miss Harriet Winslow Lee, and Miss K. Pearl Jones. Nine other nurses who are taking the course were witnesses of the ceremonial. Dr. Walter B. Chase made a short introductory address, in which he spoke eloquently of the honored office of nurse, after which the diplomas were presented by Dr. Herbert Noble. Mrs. E. H. Ward, superintendent of the school, administered to the graduates the time-honored oath of Hippocrates.

THE commencement of the Philadelphia Woman's Hospital Training-School for Nurses was held on Tuesday evening, May 23, at eight o'clock, in Clinic Hall, North College Avenue, near Twenty-second Street. The class numbered nineteen. The names are: Miss Nettie S. Rader, Miss Annie Warren, Miss Lillian Tusher, Mrs. Helena C. Smith, Miss Louise Mollette, Mrs. Edith M. Colmery, Miss Katharine Bowman, Miss Mary A. Johnson, Miss Louise M. Gardner, Miss Katherine Monaghan, Mrs. Mary I. Ferguson, Mrs. Mattie Burton, Miss Elizabeth Hunsberger, Miss Elizabeth Gates, Miss Catharine McConaghy, Miss Ruth H. Paxson, Miss Mary L. Finley, Miss Marion A. Moor, and Miss Harriet R. Gaul.

THE late Mrs. E. C. Thayer, of Keene, N. H., who died recently, left ten thousand dollars to the trustees of the Worcester (Mass.) Nurses' Home (City Hospital), the income of which is to be expended for the "pleasure and comfort" of the nurses. This home was the gift of Mrs. Thayer's husband, the late Edward C. Thayer, and when completed cost about fifty thousand dollars. Mrs. Thayer's bequest is unique in its purpose and without doubt will bring "pleasure and comfort" to many hundreds of City Hospital nurses, who will have good reason to remember Mr. and Mrs. Thayer with feelings of gratitude and obligation.

THE graduating exercises of the Baltimore City Hospital Training-School for Nurses were held on May 31. The names of the graduates are as follows: Miss Florence M. Taylor, Miss Susie McKenna, Miss Sadie A. Roe, all of Maryland; Miss Hattie M. Strain, of Virginia; Miss Alice E. Moran, of Pennsylvania; Miss Josephine P. Mikucka, of Poland, and Miss Nannie H. Montgomery, of Washington, D. C. Rev. M. J. Riordan and Professor William Simon addressed the graduates.

AT the annual commencement of the Troy Training-School for Nurses on June 15, 1905, eleven young women were graduated. The principal speaker of the evening was Dr. John B. Harvie. Each graduate received a valuable book, the gift of the staff. A gold medal for special meritorious work, donated by Rev. J. J. Swift, V.G., was awarded to Miss Anna Kenney. A reception followed, which was enjoyed by the graduates and their friends.

THE graduating exercises of the Cochran Training-School for Nurses were held in the "Lodge," St. John's Riverside Hospital, on June 8 at eight p.m. There were eight graduates: Emily Thresher, Agnes Clinkscale, Harriet K. Thompson, Mary L. Marston, Mary DuBois MacLaurin, Louise McDonald, Lillian D. Oliver, and Matilda K. Montgomery.

AN "At Home" was given the nurses of Grace Hospital Training-School, Detroit, on Thursday evening, July 20, 1905, by Dr. and Mrs. Babcock. "Hearts," music, and a most delightful luncheon contributed to making it an evening long to be remembered.

THE Nurses' Alumnae Association of the Woman's Hospital of Philadelphia gave a tea to the graduating class of the Woman's Hospital at 1227 Arch Street on Wednesday afternoon, May 24. About fifty nurses were present and a very pleasant afternoon was spent.

THE graduation exercises of the Rochester City Hospital Training-School for Nurses occurred on Tuesday evening, June 27, at the City Hospital.

PERSONAL

Miss LUCY V. PICKETT, who resigned her position as superintendent of the Newport Hospital some weeks ago, closed a long and honorable service there and left for her home in New Brunswick, where she will spend the summer resting. Miss Blanche M. Thayer, her successor, is, like Miss Pickett, a graduate of the Massachusetts General Hospital. Miss Pickett carries with her the good wishes and the grateful remembrances of many friends whom she has made during her seventeen-years' connection with the hospital, which has grown to be a large and complete institution during this time. Miss Pickett was presented with many substantial remembrances of her faithful service. The trustees of the institution gave her a handsome five-piece silver service, made by Gorham. The nurses' gift was a ring of opals and diamonds, while the medical staff remembered her with a handsome purse which was far from empty. The graduate-nurses gave a tea-caddy, and the employes a silver loving-cup, while other gifts were received from former patients or their friends.

Mrs. HENRIETTA W. RANDALL, graduate of the Farrand Training-School, Harper Hospital, has been engaged to fill the position of superintendent of the Visiting Nurse Association of Detroit. She assumed charge of the beautiful new home for the nurses, the generous gift of Mrs. Tracey McGregor, on August 1. The removal from the old quarters at 224 Clifford Street to 924 Brush Street will take place during August. The formal opening of the home will occur in September.

Miss VAN KIRK, recently superintendent of nurses at Long Island College Hospital, has been appointed superintendent at Mt. Sinai Training-School in place of Mrs. M. F. Dean, resigned. Miss Anderson, who has been Miss Van Kirk's assistant at both the Long Island College Hospital and the Sloane Maternity, goes with her to Mt. Sinai.

Miss SOPHIA L. RUTLEY, graduate of the Farrand Training-School, Harper Hospital, after a year spent in travel and rest has again resumed hospital work in San Francisco, Cal. She has accepted the position of superintendent of nurses in the San Francisco Training-School for Nurses connected with the City and County Hospital.

Miss M. E. DONALD, late assistant Toronto General Hospital, was made the recipient of a purse containing seventy-five dollars in gold on the evening of May 26, when a farewell reception was given in the residence in her honor. She was also presented with a cameo brooch and handsome umbrella.

MISS M. MARGARET WHITAKER, president of the Hahnemann Hospital Alumni Association, Philadelphia, Pa., sailed for Europe on June 10. She will spend some time with a number of the alumnae in Cork, Ireland. Miss Whitaker will return the latter part of October.

MISS KATHARINE BLAIR, University of Maryland, Class of 1901, has resigned the position of superintendent of nurses of the Retreat for the Sick, Richmond, Va., and has been appointed superintendent of the Training-School of the Virginia Hospital in the same city.

MISS FRIDA E. BROWNE, Class of 1899, Jefferson Medical College Hospital, accompanied by her sister, sailed on the steamer Deutschland on June 22 for an extended trip through Germany, Switzerland, and Italy, returning in October.

MISS LILLIE WILHELM, a Philadelphia graduate, for five years connected with Dr. Kelly's Sanitarium, Baltimore, has resigned her position to join the Instructive Visiting Nurses' Association of Baltimore and do district nursing.

MISS CLARA L. SHACKFORD has resigned from the John Sealy Hospital, at Galveston, Tex., to be superintendent and directress of nurses at Germantown Hospital, Philadelphia, in place of Miss Fay, resigned.

MISS KATHERINE INK, Miss Lily Smith, and Miss Nancy Smith, Johns Hopkins, Class of 1900, have returned from their year of private nursing in Paris and resumed nursing in Baltimore.

MISS E. C. GOSNOL, superintendent of the General Hospital, Kingston, Ontario, was in Toronto during June in attendance upon her mother, who died of an apoplectic seizure June 22.

MISS VAN INGEN has resigned as night superintendent of the Brooklyn Hospital and accepted the position of assistant superintendent of the Englewood (N. J.) Hospital.

MISS MARY MCGIBSON, Toronto General Hospital, Class of 1904, has been appointed assistant superintendent at the Polytechnic Sanitarium, New Orleans.

MISS NELLIE CAMPBELL, Toronto General Hospital, Class of 1903, has gone to the City Hospital, Vancouver, B. C., to act as head nurse in that hospital.

MISS EMILY LAUSON JONES, graduate of the Brooklyn Hospital, has been appointed acting superintendent of the Englewood Hospital, Englewood, N. J.

MISS AGNES BALDWIN was appointed superintendent of the Polytechnic Sanitarium in April. She graduated from the Toronto General Hospital in 1904.

MISS A. H. REEVES, Class of 1903, University of Maryland, has resigned as superintendent of nurses of the Franklin Square Hospital, Baltimore.

MISS FANNY I. DOOLITTLE, University of Pennsylvania Hospital, is superintendent and directress of nurses at the Mendville Hospital, Pa.

MISS ANNA E. BRIDSON, University of Pennsylvania Hospital, is directress of nurses at the Clarkson Memorial Hospital, Omaha, Neb.

MISS MARJORIE M. TAYLOR, University of Pennsylvania Hospital, is superintendent at the John Sealy Hospital, Galveston, Tex.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING JULY 14, 1905.

AMEL, ROSE E., transferred from the General Hospital, Presidio of San Francisco, Cal., to the General Hospital, Fort Bayard, N. M.

Fiebtorn, Harriet, transferred from the Division Hospital, Manila, to the Convalescent Hospital, Corregidor Island, P. I.

Hine, M. Estelle, on duty at the General Hospital, Presidio of San Francisco, under orders to sail to the Philippines on July 31 for duty in that division.

Kirkpatrick, Marjorie A., transferred from Zamboanga to Camp Keithley, Mindanao, P. I.

Lacon, Eleanor, on duty at the General Hospital, Presidio of San Francisco, under orders to sail to the Philippines on July 31 for duty in that division.

McCormick, Elizabeth F., ordered from the General Hospital, Fort Bayard, N. M., to report at the General Hospital, Presidio of San Francisco, for orders to sail on July 31 to the Philippines for duty in that division.

Plummer, Samantha C., ordered from Fort Bayard to report at the General Hospital, Presidio of San Francisco, for orders to sail to the Philippines on July 31 for duty in that division.

Spoor, Edith M., on duty at the General Hospital, Presidio of San Francisco, under orders to sail to the Philippines on July 31 for duty in that division.

Underwood, Eleanor, transferred from the General Hospital, Presidio of San Francisco, to the General Hospital, Fort Bayard, N. M.

Unger, B. Matilda, formerly chief nurse at Zamboanga; discharged after her arrival home.

Voss, Frances J., on duty at the General Hospital, Presidio of San Francisco, under orders to sail to the Philippines on July 31 for duty in that division.

FOR THE MONTH ENDING AUGUST 11.

BROO, NORMAN, formerly on duty at the Division Hospital, Manila, P. I., transferred to the United States and discharged.

Fiebtorn, Harriet, transferred from the Convalescent Hospital, Corregidor Island, to Division Hospital, Manila, P. I.

Griggs, Edith Y., transferred from the Convalescent Hospital, Corregidor Island, to Division Hospital, Manila, P. I.

Holly, Mary C., recently reported at San Francisco from duty in the Philippines, assigned to duty at the General Hospital, Presidio.

Hine, M. Estelle, transferred from the General Hospital, Presidio of San Francisco, to the transport Sherman, August 3, en route to Manila, for duty in the Philippines Division.

Holloway, Maud Emory, graduate of Knoxville General Hospital, Knoxville, Tenn., 1906, appointed and assigned to duty at General Hospital, Presidio of San Francisco.

Keliber, Josephine F., transferred from Base Hospital, Iloilo, to Division Hospital, Manila, P. I.

Kirkpatrick, Marjorie, formerly on duty at Camp Keithley, Mindanao, P. I., discharged in the Philippines Division.

Knight, Della Virginia, transferred from the General Hospital, Presidio of San Francisco, to the transport Sherman, August 3, en route to Manila for duty in the Philippines Division.

Lason, Eleanor, transferred from the General Hospital, Presidio of San Francisco, to transport Sherman, en route to Manila, August 3, for duty in the Philippines Division.

McCormick, Elizabeth F., transferred from the General Hospital, Presidio of San Francisco, to transport Sherman, August 3, en route to Manila for duty in the Philippines Division.

McInnes, Agnes, transferred from Camp Keithley, Mindanao, to Division Hospital, Manila, P. I.

Moore, Nellie, transferred from the Division Hospital, Manila, to Zamboanga, P. I.

Pierce, Margaret, transferred from the Division Hospital, Manila, to the Base Hospital, Iloilo, P. I.

Plummer, Samantha C., transferred from the General Hospital, Presidio of San Francisco, to the transport Sherman, August 3, en route to Manila for duty in the Philippines Division.

Poycell, Bertha, transferred from the Convalescent Hospital, Corregidor Island, to Division Hospital, Manila, P. I.

Solbeck, Hansine K., transferred from the General Hospital, Presidio of San Francisco, to transport Sherman, August 3, en route to Manila for duty in the Philippines Division.

Spoor, Edith M., transferred from the General Hospital, Presidio of San Francisco, to transport Sherman, August 3, en route to Manila for duty in the Philippines Division.

Voss, Frances J., transferred from the General Hospital, Presidio of San Francisco, to transport Sherman, August 3, en route to Manila for duty in the Philippines Division.

Ziegler, Barbara, transferred from the General Hospital, Presidio of San Francisco, to transport Sherman, August 3, en route to Manila for duty in the Philippines Division.

